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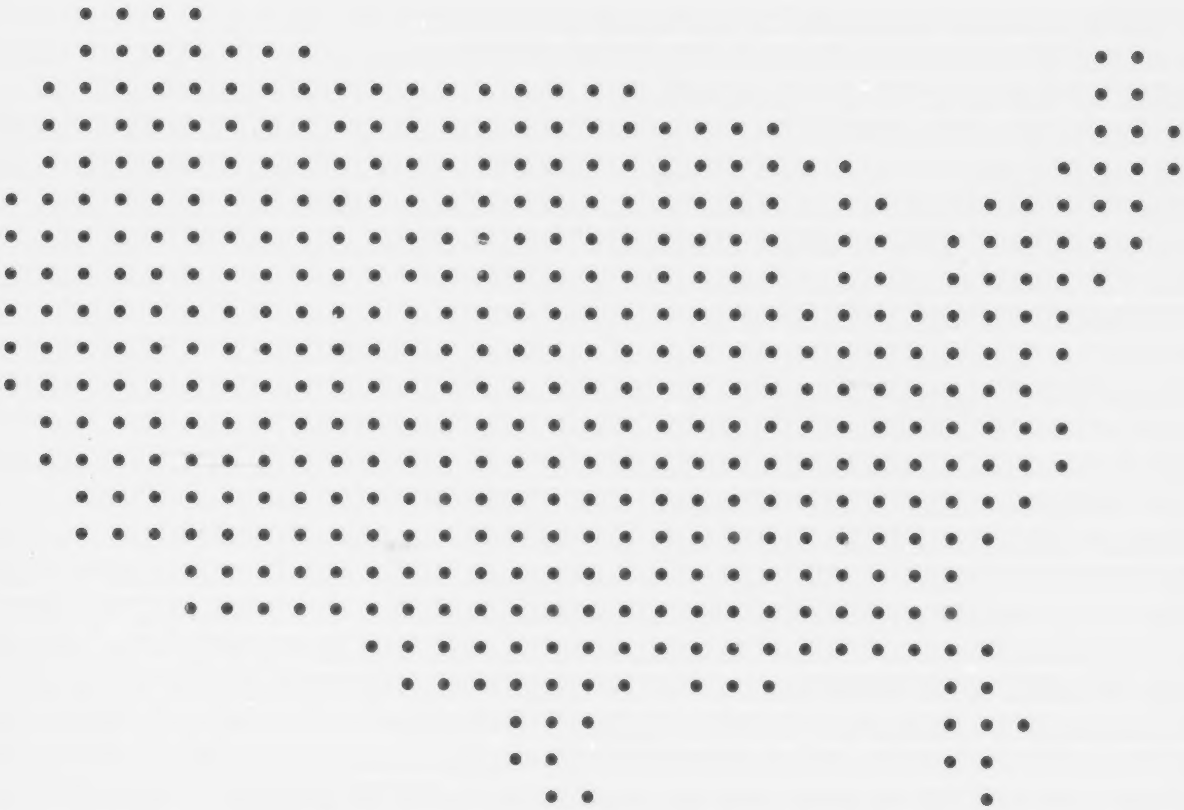
PREVENTION IN AMERICA 4:

Steps People Take—or Fail to Take—For Better Health

Conducted for **Prevention**® Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 864013

PREVENTION IN AMERICA IV:
STEPS PEOPLE TAKE -- OR FAIL TO TAKE -- FOR BETTER HEALTH
1986

Conducted for

Prevention Magazine

Fieldwork:

November 1986

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INTRODUCTION

This fourth annual nationwide survey of the American public was commissioned by Prevention Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

In order to discover which health and safety habits Americans are practicing, Louis Harris and Associates interviewed 1,250 randomly selected adults across the country by telephone, from November 14 through November 30, 1986. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the four annual surveys.

The findings from the 1986 survey, when compared to the results of the 1985 survey, of the 1984 survey, and of the 1983 baseline survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1986 survey also undertakes three special tasks. First, it examines exercise and weight control for America's children, because the problems adults experience in these areas seem to begin early in life. Second, it measures Americans' reactions to the variety of medical self-testing products that are now becoming available for use at home without a doctor or nurse. Third, it looks at walking for exercise, which seems to be a widely appealing and increasing activity for adults.

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported here (and in other surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed. Notwithstanding these possible sources of error, the 1986 survey and its 1985, 1984, and 1983 counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation in this report. However, over the past four years we have become very grateful to a number of people for valuable suggestions about the types of risk factors and preventive behaviors that needed to be considered. These people have included, among others: Ronald W. Wilson of the National Center for Health Statistics, Professor R. Barker Bausell of the University of Maryland, and Suzanne Irvine of Rodale Press. In conducting the 1986 survey we are additionally grateful to Thomas Dybdahl of Rodale Press for many new suggestions and insights.

SUMMARY OF FINDINGS

Many Americans made progress in their efforts to promote health and safety during the years 1983-1984-1985-1986. Of the twenty-four key health and safety habits studied in all four surveys, the average adult American currently practices about two-thirds. This represents a small but steady rise from year-to-year during this time period. The most striking areas of stability versus change found in the four Prevention Index surveys are as follows.

Areas of Change That Represent Progress

-- For the first time a majority of U.S. adults now wear seatbelts "all the time." Fifty-five percent of adults say that they wear seatbelts all the time when in the front seat of a car. This is a rise of 36 points since 1983, and 14 points just over the past year. This comes at a time when a growing number of states have begun to legally require use of seatbelts.

-- Seventy-four percent of drivers now say that they never drink and drive. This is an improvement of six points during the time period of the four surveys and is a statistically significant shift. It comes at a time when some states have imposed increased penalties for drunken driving. But it still leaves 26% of all drivers who admit to driving after drinking at least sometimes.

-- Fifty-seven percent of adults say that they try a lot to get enough calcium. This represents an increase of 7 points from 1983. It happens at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. The increase in calcium consumption is almost entirely due to women, who especially benefit from the mineral. The figures for women are up by 13 points from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. Thus, the recent information campaign about calcium seems to be getting through to the people who need it most.

-- Americans have begun to shift their cholesterol habits, but the process is slow and still lacks momentum. Forty-six percent of adults say they "try a lot" to avoid eating too many high cholesterol foods. This gain of 4 points since 1983 is statistically significant, but cholesterol avoidance remains the area of least effort among the seven aspects of diet and nutrition examined in each year's survey. Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This seeming rise of three points is just short of reaching statistical significance. However, a small improvement in this area is probably happening, because a statistically significant rise in blood tests for cholesterol was measured last year. These modest gains occur at a time of widespread publicity about the dangers of cholesterol. But the fact that the shifts are so small shows how difficult it is to change Americans' behavior in this particular area.

-- Forty-five percent of women say they examine their breasts at least once a month for signs of cancer. This represents an 8 point rise since 1983.

-- Eighty percent of women have a Pap smear test for cancer every year or two. This represents a statistically significant improvement of five points since 1983.

-- Seventy-six percent of adults have a dental visit at least once a year. This rise of 5 points since 1983 is also statistically significant.

-- Sixty-four percent of adults say they take steps to control or reduce stress. This is up 5 points since 1983 but is off the peak of 70% reported two years ago.

-- Ninety-one percent of adults say that no one in their home smokes in bed. This is three points higher than in 1983 and the shift is a significant one. While the number who admit to smoking in bed may seem small, some experts say they cause a major fraction of all domestic fires, so that any improvement is important.

-- Seventy-seven percent of adults say they have a smoke detector in their home. This has risen 10 points since 1983. The one point rise since last year's survey, although not significant in itself, is consistent with the continuing diffusion of this invention into homes in all social strata of American society.

-- Eighty percent of adults say they take specific steps to avoid accidents in and around their home. This is up 8 points since 1983, but is unchanged since last year's survey.

Areas of Stability That Are Favorable

- Seventy-two percent of adults do not now smoke cigarettes, while 27% do smoke. This is the lowest proportion of cigarette smokers ever measured in any Harris survey. Although not significantly different from last year's level, it is consistent with a drop of more than 15 points since the mid-1970's. Again this year, the smoking rates of men and women are statistically indistinguishable.

- Fifty-six percent of adults drink alcohol "moderately" (i.e., 3 or fewer drinks on a day when they do drink) and another 32% never drink at all. These figures represent no significant shift during the years of the Prevention Index Survey.

- Fifty-five percent of adults, on average, say they "try a lot" to watch the seven key areas of diet and nutrition that were investigated in all four annual surveys. When all seven aspects are viewed together, this represents the same overall level of effort in the area of nutrition as measured in each of the previous years. But it encompasses a range of efforts. Getting enough vitamins and minerals is the individual area of greatest effort (63% try a lot), while avoiding high-cholesterol foods is the individual area of least effort (only 46% try a lot). The only aspects which have registered a significant individual shift are calcium consumption, and cholesterol avoidance, both up as reported above.

- Eighty-five percent of adult Americans say they have a blood pressure test at least once a year. This rise of 2 points since 1983 is not statistically significant.

Areas of Stability That Are Unfavorable

- Just 33% of adults get strenuous exercise three or more days per week. This finding is similar to the levels registered in the previous three surveys. A slight seeming decline in exercise, which was reported last year as being just short of statistical significance, reversed itself in this year's survey, so that over the four annual surveys the frequency of exercise now appears essentially stable. Far too many Americans lead sedentary lives.

- Less than one-quarter (23%) of adult Americans are within the weight range recommended for persons of their sex, height, and build, while 59% are overweight. (If we widen the acceptable range to encompass +5% to -5% of the recommended range, then 48% of adults qualify as within the acceptable range while another 44% are categorized as overweight.) These figures are approximately the same as those registered in the previous three years.

-- And, of course, 27% of adults still smoke cigarettes. Moreover, women -- once less likely to smoke -- now smoke as frequently as men.

Areas of Change That Represent Retrogression

-- Only 51% of drivers report that they drive at or below the speed limit all the time. This is down 5 points from 1983. The finding is consistent with receding memories of the oil crisis that previously limited long-distance travel and led to lowered legal speed limits. The finding is also consistent with less vigorous enforcement of speed limits in recent years.

What Motivates Preventive Behavior

-- Fifty percent of adults say that, during the past five years, information in a health book or a health magazine made them consider changing their health habits.

-- Only 30% say that in the past five years a doctor has given them unsolicited advice about improving their health habits.

-- People who were influenced by books and magazines tend to practice more preventive habits than do people who were not thus influenced. But the evidence is more complex on the impact of advice from physicians, because such advice is particularly likely to be given to people who are already ill or already practicing a number of bad habits.

-- A plurality (43%) say that health care services in their area should give more emphasis to prevention rather than to treatment. People who hold this belief tend to practice more preventive health habits.

Three Special Areas of Inquiry in the 1986 Survey

-- Large majorities of children appear to get exercise and to be within the normal weight range. But even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society. For instance, among children age 5 through 17 years, three times as many heavy children were found (32%) as were expected (10%), based on standardized weight norms developed some years ago.

Children from lower income homes are more likely to be heavy and to get less frequent exercise than children from higher income homes.

-- Nearly half (49%) of adult Americans say they would be "very interested" in at least one of the various medical tests which are now, or soon will be, available for people to use at home without a doctor or nurse. Of six different self-tests studied, interest was highest for a home test to detect colon cancer and other disorders of the digestive tract. One quarter (24%) of adults say they already use some sort of home medical test. The test now most widely used among those already available is the home test for blood pressure.

-- Walking as exercise appeals to a majority of adults and appears to be on the rise. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Three in ten (29%) say they are walking more now than a year ago. Moreover, walking is pursued by all types of adults. Older and less affluent Americans, for example, are no less likely to do it.

Summary of 24 Key Behaviors

-- Table S-1 summarizes the trends for 24 key behaviors that have been measured in each of the four years of the Prevent Index Survey. Statistically significant shifts from 1983 to 1986 are marked by an asterisk.

Additional factors that have been examined one or more times, but not in all four surveys, are also discussed in the individual chapters of the report.

Table S-1

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983-1984-1985-1986

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	Percentage Point Change From 1983 to 1986
Nonsmoking and Restricted Use of Alcohol					
Do not smoke cigarettes	70	72	70	72	+2
Drink alcohol moderately	54	57	55	56	+2
(Do not drink at all)	(34)	(30)	(33)	(32)	(-2)
Exercise and Weight Control					
Get strenuous exercise three or more days a week	33	33	30	33	0
Are within the weight range recommended for their height, build, and sex	23	23	21	23	0
Diet and Nutrition					
Try a lot to get enough vitamins and minerals	63	57	63	63	0
Try a lot to eat enough fiber	59	58	59	59	0
Try a lot to avoid eating too much fat	55	59	56	56	+1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	+4
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	-2
Try a lot to get enough calcium	50	45	57	57	+7*
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	+4*
Control of Stress					
Socialize with friends or relatives once a week or more	84	85	85	81	-3
Get seven or eight hours sleep most nights	64	63	64	65	+1
Take specific steps to control or reduce stress	59	70	69	64	+5*
Periodic Examinations and Tests					
Have a blood pressure reading at least once a year	83	86	86	85	+2
Have a dental checkup at least once a year	71	73	74	76	+5*
Women who have a Pap smear test every one or two years	75	77	78	80	+5*
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	+8*

(Continued)

Table S-1 (Continued)

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983-1984-1985-1986

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	Percentage Point Change From 1983 to 1986
Safety Precautions					
Say that no one in their home smokes in bed	88	89	91	91	+3*
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	+8*
Say they have a smoke detector in their home	67	74	76	77	+10*
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	-5*
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	+6*
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	+36*

---

*Shifts designated with an asterisk are statistically significant at the .05 level. In only 5 polls out of 100 could a shift this large happen by chance.

CHAPTER 1: EXERCISE AND WEIGHT CONTROL BY ADULTS

Excercise by Adults

Far too few Americans get frequent strenuous excercise. Only one-third of adults say they excercise three or more days a week for a period of at least 20 minutes so that they "breathe heavily and (their) pulse and heart rate are accelerated." Almost one-quarter say they never exercise this strenuously.

Since the first in this series of surveys was conducted for The Prevention Index in 1983, the proportion of Americans who get frequent strenuous exercise has remained roughly stable. Table 1-1 presents the trend figures from all four annual surveys.

A possible slight decline in the frequency of strenuous exercise that was observed in last year's survey, and that was reported then as falling just short of statistical significance, reversed itself in the 1986 survey results, which look remarkably close to those originally obtained in 1983. This basic stability is confirmed by the results of a separate trend question on the regularity of exercise. The proportion of adults saying that they get "regular" exercise of some kind has stood between 75% and 78% across all four annual readings.

The groups most likely to get frequent strenuous exercise have also persisted. Based on 1986 data, these patterns are presented in Table 1-3. They include: men, younger people, those who are better educated, those in households with income over $25,000 per year, and those who describe themselves as in excellent health. People in the Western region of the United States also seem to exercise somewhat more frequently than those living elsewhere.

Weight Control by Adults

Weight control is a problem for a majority of American Adults. Only 23% of American adults aged 25 years and older are within the weight range recommended for persons of their height, body build, and sex.* Of the 77% not within that range, the majority (59%) are overweight, while 18% are underweight.

The trend in weight control across the four annual surveys has been roughly stable. Table 1-2 presents the figures from each of the four readings conducted for The Prevention Index.

A possible slight rise in the proportion of Americans who are overweight, which was observed in last year's survey and which was then reported as falling just short of statistical significance, reversed itself in the 1986 survey. The 1986 results closely parallel those originally measured in 1983.

Weight control problems remain pervasive, touching all segments in society. The proportions of various subgroups who are within the recommended weight range are shown in Table 1-3. In each of the four annual surveys, few strong demographic patterns have typically been found, except that younger adults consistently do better at controlling their weight. Such a relative lack of differences among demographic groups indicates that many types of Americans are likely to have weight problems.

However, the recommended weight ranges tend to be rather narrow and, therefore, rather strict goals for people to meet. Accordingly, Table 1-2 also shows the proportion of adults who are close to the recommended range, i.e., either within the desirable range or between 5% over and 5% under the range. Overall, 48% of adults would be classified as "close," using this more relaxed or generous criterion, while 44% would be classified as overweight.

---

*Recommended ranges for adults are based on the "old" Metropolitan Life Insurance tables because of statistical controversies provoked by the newer tables. Reported percentages are based on the 94% of adults aged 25 and over whose weight/height/body build/sex combination could be classified. Reported weight and height are adjusted for shoes and clothing. The details of the Metropolitan Life Insurance tables can be found reprinted in many sources, such as Randolph Lee Clark and Russell W. Cumley (eds.), The Book of Health, 3rd edition (New York: Van Nostrand Reinhold, 1973), and William A.R. Thompson, Black's Medical Dictionary, 33rd edition (Totowa, N.J.: Barnes and Noble, 1981).

Table 1-3 shows the proportion of each subgroup who are "close to" the desirable weight. This way of looking at the data is revealing. People who tend to have more success in keeping their weight under control include: those under age 50, college graduates, those in the higher income brackets, and those in occupations at the professional-manager-proprietor level. Those who exercise frequently also have more success in controlling their weight.

Feeling Overweight and Trying to Lose Weight

Forty-three percent of all American adults feel overweight at the present time. And 41% of all American adults have tried to lose some weight during the past month. Table 1-4 presents the figures.

Women are more likely than men to feel overweight, and middle-aged adults in their 40s and 50s are more likely to have actually tried to lose weight in the past month, as are those who live in the Eastern region of the country. But there are no other strong demographic patterns, which underscores the basic pervasiveness of a problem that touches most social groups.

Recognition that one is overweight appears to be an important step toward actually trying to lose weight. While 65% of those who feel overweight have tried to lose, just 49% of those who objectively are over the recommended weight range have tried to lose.

Walking for Exercise and Weight Control

One type of exercise that seems to be within the ability of a large portion of adults is walking. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Moreover, walking appears to be on the increase; 29% say that they are walking more now than they recall doing a year ago, while only 16% say they are walking less now. Table 1-5 shows the figures.

An important finding is that walking is pursued by all types of Americans. The demographic patterns we found in the case of strenuous exercise, reported earlier, hold much less strongly in the case of walking. Thus, older adults are as apt to report that they walk for exercise as are younger adults. And less affluent adults are as apt to report walking for exercise as are the more affluent. When it comes to how often they walk, older and less affluent Americans are actually more likely to say they walk on a daily basis than are their younger and less affluent counterparts. But when it comes to how far they walk, younger and more affluent adults are still more likely to say they walk a greater distance (more than a mile at a time).

Walking also seems to be one of the strategies that many Americans draw upon in their efforts at weight control. Seventy-four percent of those who tried to lose weight within the previous month say that they walked for exercise. Of these, 71% walked several times a week or more and 66% walked at least a mile at a time. But these figures are not too different from those for the total adults population. Thus, those who are trying to lose weight do not appear to draw on walking as much as they might to aid them in their efforts.

Q.12, 13

Table 1-1

TREND IN EXERCISE

Q.: At the present time, do you get any regular exercise, either at work or somewhere else?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Frequency of Strenuous Exercise				
Never	24	23	21	23
Less than 1 day a month	6	7	8	7
1 to 3 days a month	9	11	13	11
1 day a week	13	14	16	12
2 days a week	12	10	11	12
3 days a week	13	15	13	14
4 to 5 days a week	9 } 33	9 } 33	10 } 30	9 } 33
6 to 7 days a week	12	9	8	10
Not sure	2	1	1	1
Regularity of Any Exercise				
Get regular exercise	78	75	77	76
Do not get regular exercise	22	25	23	24
Not sure	*	*	*	*

---

*Less than 0.5%.

Q.9, 10, 11

Table 1-2

TREND IN WEIGHT CONTROL

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey	
Base	995		1002		1061		1022	
	%		%		%		%	
30% or more above range	6		7		8		6	
20% to 29.9% above range	9		8		7		7	
10% to 19.9% above range	15	58	16	59	14	62	15	59
5% to 9.9% above range	13		12		16		15	
Up to 4.9% above range	16		17		16		15	
Within recommended range	23		23		21		23	
Up to 4.9% below range	9		9		9		10	
5% to 9.9% below range	6	19	5	18	4	17	5	18
10% or more below range	4		4		4		3	

Based on those aged 25 and above whose weight/height/build/sex combination could be classified, using Metropolitan Life Insurance Company tables.

Q.9, 10, 11, 13

Table 1-3

WHO GETS EXERCISE AND KEEPS WEIGHT WITHIN RECOMMENDED RANGE

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Exercise Strenuously Three or More Days per Week	Weight Within Recommended Range*	Weight Within ± 4.9% of Recommended Range*
Total Adults	1250	%	33	23	48
Region					
East	312	%	31	23	46
Midwest	313	%	31	23	49
South	386	%	32	22	46
West	239	%	40	25	51
Urbanism					
Central city	379	%	31	21	45
Rest of metropolitan area	571	%	33	27	51
Outside metropolitan area	300	%	34	19	45
Sex					
Male	602	%	41	22	49
Female	648	%	26	24	47
Race					
White	1030	%	33	24	49
Black	111	%	28	17	41
Hispanic	77	%	43	15	37
Age					
Under 30 years	309	%	43	30	59
30-39 years	326	%	36	23	52
40-49 years	179	%	30	26	51
50-64 years	245	%	27	18	38
65 and over	191	%	19	21	43

(Continued)

Q.9, 10, 11, 13

Table 1-3 (Continued)

WHO GETS EXERCISE AND KEEPS WEIGHT WITHIN RECOMMENDED RANGE

	Base		Exercise Strenuously Three or More Days per Week	Weight Within Recommended Range*	Weight Within ± 4.9% of Recommended Range*
Total Adults	1250	%	33	23	48
Education					
Not high school graduate	188	%	20	20	42
High school graduate	445	%	36	22	50
Some college	315	%	29	21	42
Four-year college graduate	302	%	41	29	55
Household Income					
$7,500 or less	123	%	27	14	36
$7,501-$15,000	169	%	30	25	44
$15,001-$25,000	264	%	30	21	49
$25,001-$35,000	234	%	36	19	47
$35,001-$50,000	201	%	36	28	50
$50,001 and over	137	%	36	32	57
Usual Occupation of Head of Household					
Blue-collar labor, service	516	%	33	19	46
Clerical, sales	167	%	23	22	43
Professional, manager, or proprietor	439	%	37	28	54
Self-Described Health Status					
Excellent	347	%	41	28	54
Very good or good	725	%	31	22	46
Fair or poor	176	%	24	19	42
Those Who Say Health Care Services Should Give More Emphasis					
To prevention	543	%	36	24	49
To treatment	100	%	32	8	37
Weight (Age 25 and Over)					
Within recommended range	231	%	29	100	100
Overweight	638	%	28	-	25
Strenuous Exercise					
Three or more days weekly	408	%	100	24	53
Never	251	%	-	18	44

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*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1022).

Q.31, 32

Table 1-4

WHO FEELS OVERWEIGHT AND TRIES TO LOSE WEIGHT

Q.: Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

Q.: During the past month, have you tried to lose any weight, or not?

	Base		Percent Who Feel Overweight	Percent Who Tried To Lose Weight
Total Adults	1250	%	43	41
Objective Weight				
Those who are overweight	656	%	63	49
Those who are within recommended range	275	%	27	35
Those who are underweight	244	%	9	23
Subjective Weight				
Those who feel overweight	563	%	100	65
Those who feel about the right weight	606	%	-	24
Those who feel underweight	80	%	-	4
Region				
East	312	%	47	45
Midwest	313	%	43	40
South	386	%	42	39
West	239	%	41	37
Urbanism				
Central city	379	%	43	42
Rest of metropolitan area	571	%	43	40
Outside metropolitan area	300	%	45	40
Sex				
Male	602	%	37	30
Female	648	%	49	50
Race				
White	1030	%	44	40
Black	111	%	42	39
Hispanic	77	%	40	44

(Continued)

Q.31, 32

Table 1-4 (Continued)

WHO FEELS OVERWEIGHT AND TRIES TO LOSE WEIGHT

	Base		Percent Who Feel Overweight	Percent Who Tried To Lose Weight
Total Adults	1250	%	43	41
Age				
18-29 years	309	%	31	42
30-39 years	326	%	45	42
40-49 years	179	%	52	42
50-64 years	245	%	53	40
65 and over	191	%	45	36
Education				
Not high school graduate	188	%	42	40
High school graduate	445	%	43	40
Some college	315	%	45	40
Four-year college graduate	302	%	42	42
Household Income				
$7,500 or less	123	%	43	39
$7,501-$15,000	169	%	42	42
$15,001-$25,000	264	%	45	38
$25,001-$35,000	234	%	53	47
$35,001-$50,000	201	%	42	42
$50,001 and over	137	%	41	42
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	46	40
Clerical, sales	167	%	43	40
Professional, manager, or proprietor	439	%	43	42
Self-Described Health Status				
Excellent	347	%	37	39
Very good or good	725	%	46	41
Fair or poor	176	%	43	40
Those Who Say Health Care Service Should Give More Emphasis				
To prevention	543	%	45	42
To treatment	100	%	46	43

Q.39a, 39b, 39c, 39d

Table 1-5

WALKING FOR EXERCISE AND WEIGHT CONTROL

Q.: During the past month, have you done any walking as exercise?

Q.: How often did you walk for exercise in the past month?

Q.: Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

Q.: When you walk for exercise, do you usually walk more than a mile or less than a mile?

		Age		Income		
	Total	Under 50	50 or Older	Under $35,000	Over $35,000	Those Trying to Lose Weight
Base	1250	814	436	790	338	512
	%	%	%	%	%	%
Walking for Exercise						
Yes, have walked	69	69	68	68	70	74
No, but ran or jogged (vol.)	2	3	1	2	3	2
No, have not walked	29	28	30	29	28	24
(Base: Those who walk for exercise)	(857)	(558)	(299)	(537)	(232)	(373)
	%	%	%	%	%	%
Frequency of Walking						
Once	2	3	2	3	2	2
2 to 3 times in a month	11	14	7	11	14	14
Weekly	13	15	10	12	15	12
Several times a week	31	31	30	28	37	36
Daily	41	36	51	44	30	35
Change from Year Before						
More often	29	33	22	31	28	35
About the same	54	50	62	52	56	49
Less often	16	16	15	16	16	14
Usual Distance Walked						
More than a mile	52	55	44	48	62	50
Less than a mile	33	31	35	36	26	32
Exactly one mile (vol.)	14	12	18	15	11	16

CHAPTER 2: CHILDREN'S EXERCISE AND WEIGHT

Large majorities of children appear to get exercise and to be within the normal weight range. But, even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society.

Children's Exercise

Seventy-one percent of children from age five through age 17 get strenuous physical exercise three or more times every week. This is a far higher level of exercise than practiced by adults. But, some patterns observed for adults already seem to be evident in the case of children. Boys get exercise somewhat more frequently than girls, and children from more affluent homes tend to get exercise more than do children from less affluent homes (Table 2-1). Such patterns appear to be established during childhood and to persist into adult life.

Adults who have children in their household seem aware of these patterns to some extent, but on the whole they think their children are physically fit. Nearly nine out of ten adults (88%) judge their child to be "physically fit." But, this figure drops slightly in the case of low income families, and when the child is a girl, showing that adults recognize the lower level of exercise actually practiced by these two categories of children.

On the whole, adults endorse the status quo regarding the amount of physical education offered in the nation's schools. Seventy-five percent of adults who have a child in their household say that the number or physical education classes their child has at school is "about right." Only 21% of adults think there are "too few" physical education classes.

Children's Weight

Sixty-two percent of children age five through age 17 years are within the weight range that is typical for their age and sex. Again, this is a much larger proportion than the equivalent figure for adults. However, one important pattern observed for adults seems to be already evident among children. More children from lower income homes tend to be "heavy" in weight than do children from higher income homes. Table 2-2 presents the findings.

Many adults seem not to recognize that their child is heavy. Only 16% of adults say they feel their child is overweight. This figure rises to 22% in the case of lower income families, and when the child is a girl. Some of the gap between the child's objective heaviness and the perception of the child being overweight must be due to misperception or lack of awareness by adults.

Not all of that gap is due to misperception, however. Some of the 32% of children who qualify as "heavy" may simply be unusually tall or big boned for their age rather than actually overweight.

It is important to keep in mind that the "normal" weight range for children does not have the same meaning that the "recommended" weight range has for adults. The recommended weight range for adults is a desirable range, based on an analysis of mortality data. For children, however, mortality data are not part of the calculation. For children the typical weight range describes a statistical norm based on samples of children in years past who fell into particular age/weight/sex categories.*

A number of years have passed since these weight norms were calculated, and it appears that American children may have been getting heavier during the interval. According to the norms, 10% of children should be expected to fall into the "heavy" category. However, we find in the 1986 survey that 32% of American children now qualify as "heavy" for their age and sex -- three times as many as expected based on the older norms. When we previously measured children's weight, as part of the 1984 survey for the Prevention Index, we found 24% of children (age 3 or older) to be classified as "heavy."

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*Weight norms for children based on studies at Harvard University and the State University of Iowa, are reprinted in C. Henry Kemp et. al., Current Pediatric Diagnosis and Treatment, 7th edition (Los Altos, California: Lange Medical Publications, 1982). Figures are based on the 94% of children aged five or older in the 1986 survey whose weight/age/sex category could be classified, based on information reported by an adult in their household.

Q.C-5, 6, & 7

Table 2-1

CHILD EXERCISE

Base: Children from age 5 through age 17

Q.: How often does (s/he) exercise strenuously -- that is, so (s/he) breathes heavily and (her/his) heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 days a week, 5 days a week, or 6 to 7 days a week?

Q.: Would you say that (s/he) tends to be physically fit or that (s/he) tends to be physically out of shape?

Q.: Thinking about the physical education at (her/his) school, do you think there are too many physical education classes, too few, or about the right number?

		Sex of Child		Household Income		
	Total	Boy	Girl	$15,000 or Less	$15,001 to $35,000	$35,001 and Over
Base	385	201	184	56	166	138
	%	%	%	%	%	%
Exercise						
Child gets strenuous physical exercise three or more times every week	71	82	61	64	68	76
Child gets strenuous physical excerise less often than three times a week	27	17	36	33	30	22
Fitness As Seen By Adult						
Child is physically fit	88	93	83	79	89	91
Child is out of shape	11	6	16	19	9	9
Physical Education Classes						
Too many	1	2	*	1	1	2
About right number	75	74	77	78	74	73
Too few	21	22	21	19	21	24

Q.C-2, C-4

Table 2-2

CHILD WEIGHT

Base: Children from age 5 through age 17

Q.: What is (her/his) present weight without clothes?

Q.: Right now, do you feel that (s/he) is overweight, or underweight, or at about the right weight for (her/his) age?

		Sex of Child		Household Income		
	Total	Boy	Girl	$15,000 or Less	$15,001 to $35,000	$35,001 and Over
Objective Weight*						
Base	(363)	(189)	(174)	(52)	(158)	(131)
Child *is* "heavy"	32	35	28	36	34	28
Child's weight is within normal range for sex and age	62	7	6	61	60	64
Child is "light"	7	58	66	3	6	8
Subjective Weight As Seen by Adult						
Base	(385)	(201)	(184)	(56)	(166)	(138)
Feels child is overweight	16	10	22	22	18	12
Feels child is about the right weight	73	76	69	61	76	76
Feels child is underweight	10	13	7	14	6	13

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*Weight norms for children are reprinted in C. Henry Kempe, et al., *Current Pediatric Diagnosis and Treatment*, 7th edition (Los Altos, California: Lange Medical Publications, 1982). Figures are based on the 94% of children aged 5 or older in the survey whose weight/age/sex category could be classified, based on information supplied by an adult in their household.

CHAPTER 3: DIET AND NUTRITION

Eleven Aspects of Diet and Nutrition

On average 50% of adult Americans say they "try a lot" to watch eleven key aspects of nutrition. This ranges from a high of 65% who say they try a lot to eat vegetables in the cabbage family, to a low of 31% who say they try a lot to eat fish twice a week. Table 3-1 presents the results for each of the eleven nutritional factors.

Majorities report that they "try a lot" in regard to six of the individual factors. These include: eating vegetables in the cabbage family, getting enough vitamins and minerals, getting enough calcium, eating enough fiber, avoiding too much salt, and avoiding too much fat in food.

On the other hand, areas of least effort include: eating fish twice a week, avoiding caffeine, and avoiding foods that contain additives. Only between 3 and 4 out of every 10 adults say they try a lot in these areas.

The groups that are most likely to watch their overall nutrition have been consistently clear since the first Prevention Index survey in 1983. Figure 3-2 shows the results based on 1986 data. The groups that are most likely to "try a lot" on the eleven aspects of nutrition include: women, people over age 50, and those who think that more emphasis needs to be given to prevention. Differences among other subgroups tend to be rather small and undramatic.

Trends over time are fairly stable for most of the individual nutrition factors included in the annual surveys.

One dramatic change that has occurred is that 57% of adults now say they try to get enough calcium. This rise of 7 percentage points since 1983 was first observed in last year's survey and it is confirmed by the 1986 results. It occurs at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. This increase in calcium consumption is almost entirely due to women, who especially benefit from the mineral. The figures for women are up 13 points, from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. The rise is also highest among people in the middle age groups (Table 3-3).

Thus, the recent information campaign about calcium seems to be getting through to many of the people who need it most. But the lack of an additional gain in 1986 raises the possibility that while a new plateau of awareness may have been reached by 1985, it could require another increase in publicity in order to raise awareness to higher levels yet.

A second area where a trend is visible concerns cholesterol. The proportion of adults saying they try a lot to avoid eating too many high-cholesterol foods rose by four percentage points from 42% in 1983 to 46% in 1986. This is a statistically significant shift. The improvement comes at a time when increased attention is being given to the dangers of cholesterol in the diet. But such a small rise in the face of widespread publicity demonstrates just how difficult it is to affect Americans' awareness and behavior on this particular topic. As Table 3-3 shows, the campaign up to the present time seems to have reached women more successfully than men, and to have reached the oldest age group somewhat more successfully than younger ones.

A third area of nutrition bears close watching in the future. Avoidance of salt or sodium has risen by nearly 4 points, but the shift falls just barely short of statistical significance at this time.

Observation:

> It is not possible to infer exactly how all these responses translate into actual day-to-day behavior -- that is, how often and to what extent people are actually practicing good nutritional habits. However, it is certainly desirable that as many people as possible come to "try a lot" to achieve the various nutritional goals.

Q.8

Table 3-1

TREND IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Percent Who Try a Lot			
	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Get enough vitamins and minerals in foods or in supplements	63	57	63	63
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59
Avoid eating too much fat	55	59	56	56
Avoid eating too much salt or sodium	53	54	54	57
Avoid eating too much sugar and sweet food	51	52	50	49
Get enough calcium in foods or in supplements	50	45	57	57
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	x	34	37	34
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	x	37	33	36
Eat fish twice a week	x	x	34	31
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	x	x	62	65

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x = Not asked.

Q.8

Table 3-2

WHO WATCHES NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Base		Average Percent Saying They "Try a Lot" on Eleven Aspects of Diet and Nutrition
Total Adults	1250	%	50
Region			
East	312	%	53
Midwest	313	%	47
South	386	%	49
West	239	%	52
Urbanism			
Central city	379	%	50
Rest of metropolitan area	571	%	51
Outside metropolitan area	300	%	49
Sex			
Male	602	%	44
Female	648	%	56
Race			
White	1030	%	50
Black	111	%	51
Hispanic	77	%	51
Age			
18-29 years	309	%	42
30-39 years	326	%	47
40-49 years	179	%	48
50-64 years	245	%	57
65 and over	191	%	63
Education			
Not high school graduate	188	%	51
High school graduate	445	%	49
Some college	315	%	50
Four-year college graduate	302	%	53

(Continued)

Q.8

Table 3-2 (Continued)

WHO WATCHES NUTRITION

	Base		Average Percent Saying They "Try a Lot" on Eleven Aspects of Diet and Nutrition
Total Adults	1250	%	50
Household Income			
$7,500 or less	123	%	54
$7,501-$15,000	169	%	53
$15,001-$25,000	264	%	50
$25,001-$35,000	234	%	49
$35,001-$50,000	201	%	48
$50,001 and over	137	%	49
Usual Occupation of Head of Household			
Blue-collar labor, service	516	%	48
Clerical, sales	167	%	52
Professional, manager, or proprietor	439	%	50
Self-Described Health Status			
Excellent	347	%	50
Very good or good	726	%	50
Fair or poor	176	%	53
Those Who Say Health Care Services Should Give More Emphasis			
To prevention	543	%	52
To treatment	100	%	43

Table 3-3

CHANGES IN CALCIUM CONSUMPTION AND CHOLESTEROL AVOIDANCE FROM 1983 TO 1986

Calcium Consumption	"Try a Lot" to Get Enough Calcium 1983 Survey	"Try a Lot" to Get Enough Calcium 1986 Survey	Percentage Point Change From 1983 to 1986
Total Adults	50%	57%	+7
Sex			
Male	47	48	+1
Female	53	66	+13
Age			
18-29 years	47	55	+8
30-39 years	52	53	+1
40-49 years	47	56	+9
50-64 years	49	60	+11
65 and over	59	66	+7

Cholesterol Avoidance	"Try a Lot" to Avoid High Cholesterol Foods 1983 Survey	"Try a Lot" to Avoid High Cholesterol Foods 1986 Survey	Percentage Point Change From 1983 to 1986
Total Adults	42%	46%	+4
Sex			
Male	36	37	+1
Female	47	54	+7
Age			
18-29 years	28	34	+6
30-39 years	45	42	-3
40-49 years	41	47	+6
50-64 years	48	53	+5
65 and over	57	65	+8

CHAPTER 4: NONSMOKING AND RESTRICTED USE OF ALCOHOL AND DRUGS

Smoking and Nonsmoking

Seventy-two percent of American adults say they do not smoke cigarettes; 27% say they do. This is the lowest smoking rate and the highest nonsmoking rate ever recorded in a Harris survey designed to measure this trend. While these figures are not significantly different from the level registered in last year's survey, they represent a continuing decline of over 15 points in smoking during the past decade as shown in Table 4-1.

Nonsmoking is a crucial preventive step that people can take. One hundred and three health experts interviewed as part of the 1983 survey rated nonsmoking as the number one preventive health priority for adults. (See Appendix C of either the 1983 survey report or the 1984 survey report.)

The groups with the largest percentages of nonsmokers include people over age 65, college graduates, and those with over $25,000 annual household income. These patterns, also identified in each of the previous three surveys, seem to be persistent ones. Table 4-4 shows who tends to be a nonsmoker.

One possible change measured in the 1986 survey that is very interesting is that 75% of the youngest adults -- aged 18 to 29 years -- now say they are non-smokers. This is an improvement of 8 points over last year's survey. This merits continued observation in future surveys in case it signals the beginning of a change of behavior of young adults as a result of all the publicity about the dangers of smoking.

One of the most striking shifts over time is the convergence in smoking behavior of men and women. Table 4-2 shows dramatic convergence over the past decade. By the time of the 1984 survey the two rates had fully coverged. And, again in both the 1985 and 1986 surveys, women are statistically indistinguishable from men in terms of their rate of smoking versus nonsmoking.

Alcohol Use

One third of all adults say that they never consume alcoholic beverages. Another 56% drink moderately or lightly, i.e., they average three or fewer drinks on days when they do drink. These figures are virtually unchanged from the previous three surveys, as shown in the trend data in Table 4-3.

Of those who do drink, 8 out of 10 can be considered moderate (or light) drinkers. Groups who contain the most nondrinkers or moderate drinkers are shown in Table 4-3 .

The groups with the largest proportion of nondrinkers include those who live in the South, those who live in small towns and rural areas, women, blacks, those aged 65 and older, and those on the lowest education, income, and occupational levels. These are persistent patterns, and were also observed in the 1985, 1984, and 1983 surveys.

Concerning those who drink moderately, a few of these same demographic patterns also hold. For example, female drinkers are more likely than male drinkers to drink moderately. And drinkers in the oldest age group are more likely to be moderate drinkers than are younger drinkers. But when it comes to factors related to social class, the pattern either evaporates or shifts. For example, as shown, nondrinkers are most likely to be found among the least advantaged educational, income, and occupational groups in the population as a whole. But in the drinking population moderate drinkers are most likely to be found among the most advantaged social groups.

Observation:

This unusual inversion of demographic patterns was also observed in the 1985, 1984, and 1983 surveys. Analysis then

> suggested its origin lay in the historical, regional, cultural, and ethnic background of alcohol use versus nonuse in America. It was concluded that the two behaviors -- abstinence and moderate drinking -- are not simply degrees along a continuum, but rather behaviors that must be understood separately.

Recreational Drugs

Ninety-three percent of American adults say they never use any recreational drugs, such as marijuana, speed, or downers. However, 7% are willing to say they do use such drugs. This finding is essentially unchanged from the two previous surveys which also found that over 9 out of 10 adults say they abstain from using drugs (Table 4-3).

The groups most likely to use versus to abstain from recreational drugs can be discerned in Table 4-4. Drug use is somewhat higher among the youngest adults (aged 18 to 29 years), among males, and in central cities. But, the fact that there are no significant variations by such factors as education, income, and occupation suggest that all sectors of society have some experience with drug use. It is possible, of course, that different types of drugs are favored by various social classes.

Q.14

Table 4-1

TREND IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974 February	1975 March	1978 January	1978* May	1980** March	1983 November	1984 November	1985 November	1986 November
Base	1407	1556	1347	1514	1506	1252	1253	1256	1250
	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	37	40	30	28	30	27
Do not smoke	57	57	61	63	60	70	72	70	72

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources are the following eight national probability samples of adults aged 18 and older:

February 1974, Harris Perspective #4;
March 1975, Harris Perspective #13;
January 1978, Harris Perspective #41;
May 1978, Harris "Health Maintenance" survey, conducted for
  Pacific Mutual Life Insurance Co.;
March 1980, Harris Perspective #66;
November 1983, Harris "Prevention in America" survey, conducted
  for Prevention magazine;
November 1984, Harris "Prevention in America II" survey, conducted
  for Prevention magazine.
November 1985, Harris "Prevention in America III" survey, conducted
  for Prevention magazine.
November 1986, Harris "Prevention in America IV" survey, conducted
  for Prevention magazine.

*The May 1978 result is based on a two-part question that first asked people whether they had "ever" smoked cigarettes "regularly." In other surveys, a single-part question was used. The effective part of the question for all surveys is as follows: "Do you smoke cigarettes (now), or not (or don't you)?" Interviews were conducted in-person through 1980 and via telephone in 1983, 1984, 1985, and 1986.

**Sampling fluctuations may account for the fact that the March 1980 figure seems to depart from the general pattern of a decline in smoking. In the spring of 1980, the National Survey of Personal Health Practices and Consequences, as reported by the National Center for Health Statistics, found between 33% and 34% of adults aged 20 to 64 to smoke cigarettes. That finding was based on the second wave of a panel survey conducted by telephone.

Table 4-2

CONVERGENCE IN SMOKING RATES FOR MEN VS. WOMEN

	1974 February	1975 March	1978 January	1978 May	1980 March	1983 November	1984 November	1985 November	1986 November
Percent of men smoking cigarettes	47	49	45	43	44	33	27	31	29
Percent of women smoking cigarettes	38	37	33	32	36	28	30	29	26
Difference	+9	+12	+12	+11	+8	+5	-3*	+2*	+3*

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*In the 1984 survey the smoking rates of men and women are statistically indistinguishable. In the 1985 and 1986 surveys the smoking rates of men and women are also statistically indistinguishable.

Q.20, 21, 28

Table 4-3

TREND IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %
Frequency of Alcohol Consumption				
Never	34	30	33	32
Less than 1 day a month	16	14	15	15
1 to 3 days a month	16	19	20	19
1 to 2 days a week	19 } 65	21 } 70	19 } 66	20 } 67
3 to 4 days a week	7	8	6	6
5 to 6 days a week	2	2	2	1
Daily/7 days a week	6	6	4	6
Not sure	*	-	*	1
Quantity of Alcohol Consumption				
1 drink	21	21	22	22
2 drinks	22 } 54	25 } 57	23 } 55	24 } 56
3 drinks	10	11	10	10
4 drinks	5	5	4	4
5 or more drinks	6	7	7	7
Not sure	1	1	*	1
Recreational Drugs				
Frequently	x	2	2	1
Sometimes	x	7	7	2
Only occasionally**	x	x	x	4
Never	x	91	91	93
Not sure	x	*	*	-

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x = Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1986.

Q.14, 20, 21, 28

Table 4-4

WHO RESTRICTS THEIR ALCOHOL, TOBACCO, AND DRUG USE

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, or never?

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total Adults	1250	%	72	32	82	93
Region						
East	312	%	69	28	84	93
Midwest	311	%	74	30	78	93
South	386	%	72	41	83	94
West	239	%	74	28	86	91
Urbanism						
Central city	379	%	69	29	79	89
Rest of metropolitan area	571	%	74	30	87	95
Outside metropolitan area	300	%	73	42	76	96
Sex						
Male	602	%	70	24	79	89
Female	648	%	74	40	87	97
Race						
White	1030	%	73	31	83	94
Black	111	%	64	41	79	88
Hispanic	77	%	81	37	86	90
Age						
18-29 years	309	%	75	24	74	86
30-39 years	326	%	72	25	81	92
40-49 years	179	%	66	29	89	97
50-64 years	245	%	67	39	88	98
65 and over	191	%	79	53	94	99

(Continued)

Q.14, 20, 21, 28

Table 4-4 (Continued)

WHO RESTRICTS THEIR ALCOHOL, TOBACCO, AND DRUG USE

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total Adults	1250	%	72	32	82	93
Education						
Not high school graduate	188	%	61	55	72	94
High school graduate	445	%	70	38	75	92
Some college	315	%	74	21	85	94
Four-year college graduate	302	%	82	21	92	93
Household Income						
$7,500 or less	123	%	69	48	84	92
$7,501-$15,000	169	%	70	41	67	91
$15,001-$25,000	264	%	65	33	75	92
$25,001-$35,000	234	%	79	31	88	94
$35,001-$50,000	201	%	74	21	91	93
$50,001 and over	137	%	78	14	87	96
Usual Occupation of Head of Household						
Blue-collar labor, service	516	%	69	38	78	92
Clerical, sales	167	%	76	33	85	92
Professional, manager, or proprietor	439	%	74	22	89	95
Self-Described Health Status						
Excellent	347	%	81	26	84	93
Very good or good	725	%	71	31	84	93
Fair or poor	176	%	61	48	71	94
Those Who Say Health Care Services Should Give More Emphasis						
To prevention	543	%	73	30	83	92
To treatment	100	%	68	34	79	94

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*Based on the 68% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

CHAPTER 5: CONTROL OF STRESS

Two-thirds of adult Americans say that they take conscious steps to control or reduce the stress in their life. This level of prevention is five points higher than that recorded in the first Prevention Index survey in 1983, but not quite so high as the levels recorded during last two years. Table 5-1 shows the trend.

Steps to control stress appear to be needed because 59% of all adult Americans reported that they feel under great strees *at least once* a week. Thirty percent say they feel under great stress *several* days a week or more. The experience of stress (or at least the awareness of stress) also seems to be on the increase in American society. During the four annual readings of this survey the proportion of adults saying they never feel under great stress has declined by 6 percentage points, while the proportion reporting at least some stress has risen by an equal amount.

The experience of stress is very widely spread across demographic groups: the majority of *every* subgroup examined say they feel under great stress at least once a week, with the single exception of those aged 65 years and older. Groups who are particularly likely to feel under stress include college graduates, those in occupations at the professional-managerial-proprietor level, and the highest income group.

College graduates are also particularly likely to say they take steps to control or reduce stress, as shown in Table 5-2. Women and people in their middle years (aged 30-49) are also particularly likely to do so. But the taking of steps to reduce stress is very broadly practiced: over 50% of *every* social group examined say that they take such steps.

Steps People Take to Control Stress

Some of the many steps people can take to deal with stress are shown in Table 5-1. Sixty-five percent say they get seven or eight hours of sleep most nights. Eighty-one percent say they socialize with close friends, relatives, or neighbors at least once a week. Both these figures have been roughly stable across the four years of The Prevention Index survey, although weekly socializing is down by four points from last year.

These resources for dealing with stress are widely available and broadly used across most demographic groups, as shown in Table 5-2. Although college graduates and the highest income group are more likely to report getting 7-8 hours sleep, there are few other clear differences between social groups either in sleep, or in socializing. Thus, all groups in society seem to have at least some basic resources for dealing with stress.

For further findings on stress, please consult some of the previous surveys in this series. The 1985 Prevention Index survey examined the varied individual symptoms that people report when they feel under stress. The 1983 Prevention Index survey explored the many individual steps that people report taking when they try to deal with stress.

An Area to Watch in Future Surveys

Stress control is an area to watch closely in future surveys. In the face of an increasing number of adults who say they experience stress, efforts to deal with stress appear to be dropping off slightly from peak levels registered in the last couple years. If sustained, such a drop may indicate a need for increased campaigns to raise public consciousness in this area.

Q.16, 17, 18, 19

Table 5-1

TREND IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Frequency of Stress				
Almost every day	16	13	14	17
Several days a week	12	14	13	13
Once or twice a week	27	31	33	29
Less often than once a week	29	30	30	30
Never	16	10	10	10
Not sure	1	2	1	1
Steps To Control Stress				
Yes, take steps to control	59	70	69	64
No, don't take steps	38	29	31	35
Not sure	3	1	1	1
Sleep				
6 hours or less	25	26	26	26
7-8 hours	64	63	64	65
9 hours or more	10	10	9	9
Not sure	1	1	*	1
Socializing With Others				
Once a week or more	84	85	85	81
Less than once a week	16	14	15	19
Not sure	*	1	*	*

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*Less than 0.5%.

Q.16, 17, 18, 19

Table 5-2

WHO TAKES STEPS TO CONTROL STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Base		Feel Under Great Stress Several Days a Week or More	Consciously Take Steps to Control or Reduce Stress	Usually Get Seven or Eight Hours of Sleep	Socialize at Least Once a Week
Total Adults	1250	%	30	64	65	81
Region						
East	312	%	34	68	62	79
Midwest	313	%	27	62	64	82
South	386	%	32	63	66	80
West	239	%	23	65	67	83
Urbanism						
Central city	379	%	30	65	61	81
Rest of metropolitan area	571	%	30	65	67	79
Outside metropolitan area	300	%	28	62	65	83
Sex						
Male	602	%	28	59	64	80
Female	648	%	31	69	66	82
Race						
White	1030	%	30	63	65	81
Black	111	%	29	69	59	79
Hispanic	77	%	25	68	63	81
Age						
18-29 years	309	%	34	62	68	89
30-39 years	326	%	33	69	65	78
40-49 years	179	%	35	70	67	69
50-64 years	245	%	27	65	64	78
65 and over	191	%	16	57	57	84

(Continued)

Q.16, 17, 18, 19

Table 5-2 (Continued)

WHO TAKES STEPS TO CONTROL STRESS

	Base		Feel Under Great Stress Several Days a Week or More	Consciously Take Steps to Control or Reduce Stress	Usually Get Seven or Eight Hours of Sleep	Socialize at Least Once a Week
Total Adults	1250	%	30	64	65	81
Education						
Not high school graduate	188	%	24	58	61	81
High school graduate	445	%	29	60	64	84
Some college	315	%	31	67	64	78
Four-year college graduate	302	%	33	71	69	79
Household Income						
$7,500 or less	123	%	26	65	60	79
$7,501-$15,000	169	%	27	68	61	82
$15,001-$25,000	264	%	35	65	65	86
$25,001-$35,000	234	%	25	66	68	78
$35,001-$50,000	201	%	31	63	66	76
$50,001 and over	137	%	37	68	71	79
Usual Occupation of Head of Household						
Blue-collar labor, service	516	%	27	64	64	80
Clerical, sales	167	%	28	62	62	79
Professional, manager, or proprietor	439	%	35	66	68	81
Self-Described Health Status						
Excellent	347	%	27	66	68	78
Very good or good	725	%	31	65	66	82
Fair or poor	176	%	30	56	54	81
Those Who Say Health Care Services Should Give More Emphasis						
To prevention	543	%	33	69	65	83
To treatment	100	%	25	54	57	84
Frequency of Great Stress						
Several days a week or more	371	%	100	75	58	79
Less than several days a week	868	%	-	59	67	81

CHAPTER 6: SAFETY PRECAUTIONS

Auto Safety

For the first time, a majority of American adults say that they consistently wear auto seatbelts. Fifty-five percent of American adults say they wear a seatbelt "all the time" when in the front seat of a car. This is a rise of 36 points over the level recorded in the 1983 survey and a rise of 14 points in just one year since the last Prevention Index survey. Table 6-1 shows the annual trend.

The improvement occurs during a time when an increasing number of states have passed laws to require seatbelt use. Such laws have a dramatic effect. Respondents living in the eight states which were the first to pass mandatory seatbelt laws registered a 33 point surge in seatbelt usage during the year their laws took effect. Respondents living the second 16 states which were the next to pass mandatory seatbelt laws experienced a 25 point jump in seatbelt usage during the year their laws took effect. Respondents living in the 25 states which still have no mandatory laws continue to buckle up at much lower rates. Figure 6-1 shows the dramatic effect on behavior from this legal intervention.

However, 15% of adults still say that they "never" wear seatbelts.

Table 6-3 shows the types of people who have changed their seatbelt behavior the most between 1983 and 1986. The striking thing is that change has penetrated all social groups: Americans of all ages, all income brackets, and all educational levels have dramatically increased their use of seatbelts. This pattern is to be expected when a preventive behavior has been mandated by law. Rather, it is when compliance is based mainly on individual awareness, enlightened self-interest, and personal ability to comply that some social groups are seen to practice preventive behavior more than others.

The level of seatbelt use is particularly important in light of the fact that only 51% of those who drive say they drive at or below the speed limit "all the time." This is down by 5 points from 1983 which is a statistically significant drop. The finding is consistent with receding memories of the oil crises that previously limited long-distance travel and that led to lowered legal speed limits in order to conserve fuel. The finding is also consistent with less vigorous enforcement of the lower speed limits in recent years.

A majority of drivers (56%) say they "never" drive after drinking. (Another 18% of drivers say they never drink to begin with.) These findings together represent a slight but significant improvement of six points over those reported in the 1983 survey. It comes at a time when some states have imposed increased penalties for drunken driving.

But it still leaves 26% of all drivers who do admit to driving after drinking at least part of the time ("sometimes" plus "all the time"). The full time trends are given in Table 6-1.

Groups who take auto safety precautions most consistently are shown in Table 6-2. The groups most likely to wear seatbelts all the time include Westerners, and those with greater education, a higher income, and a more prestigious occupation. These appear to be persisting patterns since they were also identified in the 1985, 1984, and 1983 surveys. The groups who are most likely to say they never exceed the speed limit and that they never drive after drinking include women, the oldest generation, those with less education, and those in blue collar labor or service occupatons. Most of these are also persistent patterns.

Safety in the Home

Efforts at home safety have risen during the four years of The Prevention Index survey. For example, 80% of adults now say they take "special steps or precautions" to avoid accidents in and around their home. This is a rise of 8 points since the 1983 survey and confirms the improvement reported during the last two surveys.

As an example of steps people can take, 77% of adults say they have a smoke detector in their home. This is a rise of 10 points since the 1983 survey and appears to be a continuing trend. Table 6-4 shows the full trend data.

Ninety-one percent of adults say that no one in their home ever smokes in bed, or else that no one smokes to begin with. That figure has increased by three points since the 1983 survey and represents a statistically significant improvement. Any shift in the number of people who smoke in bed is very important because some experts estimate that a major fraction of all domestic fires are caused in this way.

The groups that most tend to take such home safety precautions are shown in Table 6-5. In general, there tend to be few strong or striking patterns in trying to avoid home accidents. Since this behavior can be performed without necessarily incurring any cost, all social classes are capable of practicing it to roughly equal degrees.

But when it comes to smoke detectors -- which usually do require some monetary outlay -- the effect of social class is visible. Those with greater education (who learn about new inventions quickest) and those with higher income (who can afford them most easily) are significantly more likely to have installed smoke detectors in their home.

However, some of these differences between occupation groups and income groups are faded or muted when compared to those that existed just three years ago. While the patterns of 1983 are still visible in 1986, the gaps between more advantaged groups and less advantaged groups have shrunk (Table 6-6). This is consistent with the continuing spread and diffusion of smoke detectors as this innovative technical device has penetrated beyond the groups who first purchased it and has progressively reached into households in all sectors and levels of society. The spread of smoke detectors may also have been aided by the fact that many building codes around the country have come to require smoke detectors, especially in rental housing.

Perhaps the largest gap has been closed during those years by blacks, who have increased their use of smoke detectors by 25 points and whose usage now nearly matches that of whites. Another of the largest gaps has been closed by residents of the South, who previously lagged behind but who have now nearly caught up with the East coast and West coast regions that initially led the way in using smoke detectors.

Q.22, 24, 25

Table 6-1

TREND IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251	1253	1256	1250
	%	%	%	
Wearing Seatbelts				
All the time	19	27	41	55
Sometimes	26	33	31	29
Never	53	39	28	15
Not applicable (vol.)	1	1	*	1
Not sure	*	*	*	-

Base: Drivers only

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1097	1108	1102	1109
	%	%	%	%
Driving at or Below Speed Limit				
All the time	56	52	50	51
Sometimes	38	43	45	43
Never	5	5	5	5
Not sure	*	*	*	*
Driving After Drinking				
All the time	5	4	3	3
Sometimes	25	27	25	23
Never	52	53	59	56
Don't drink (vol.)	16	15	12	18
Not sure	2	*	1	*

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*Less than 0.5%.

Q.22, 24, 25

Table 6-2

WHO TAKES AUTO SAFETY PRECAUTIONS

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

				Drivers		
	Base		Wear Seat-belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**	Drink but Never Drive After Drinking***
Total Adults	1250	%	55	51	74	68
Region						
East	312	%	56	56	73	69
Midwest	313	%	52	52	69	63
South	386	%	51	49	79	73
West	239	%	65	47	73	66
Urbanism						
Central city	379	%	54	51	69	63
Rest of metropolitan area	571	%	61	49	72	67
Outside metropolitan area	300	%	45	56	82	77
Sex						
Male	602	%	53	44	69	64
Female	648	%	57	58	79	74
Race						
White	1030	%	51	57	73	67
Black	111	%	52	49	84	80
Hispanic	97	%	47	49	74	65
Age						
18-29 years	309	%	53	37	69	65
30-39 years	326	%	60	49	68	63
40-49 years	179	%	49	51	71	65
50-64 years	245	%	54	64	79	72
65 and over	191	%	59	69	91	87

(Continued)

Q.22, 24, 25

Table 6-2 (Continued)

WHO TAKES AUTO SAFETY PRECAUTIONS

				Drivers		
	Base		Wear Seat-belt All the Time in Auto	Never Exceed Speed Limit*	Never Drive After Drinking or Never Drink**	Drink but Never Drive After Drinking***
Total Adults	1250	%	55	51	74	68
Education						
Not high school graduate	188	%	40	61	80	72
High school graduate	445	%	50	59	79	73
Some college	315	%	56	46	69	64
Four-year college graduate	302	%	72	40	68	64
Household Income						
$7,500 or less	123	%	52	61	72	64
$7,501-$15,000	169	%	43	67	76	72
$15,001-$25,000	264	%	56	57	77	72
$25,001-$35,000	234	%	58	45	75	69
$35,001-$50,000	201	%	55	46	69	65
$50,001 and over	137	%	67	31	65	61
Usual Occupation of Head of Household						
Blue-collar labor, service	516	%	51	57	78	72
Clerical, sales	167	%	54	51	68	61
Professional, manager, or proprietor	439	%	60	45	69	64
Those Who Say Health Care Services Should Give More Emphasis						
To prevention	543	%	57	50	72	67
To treatment	100	%	51	46	72	68

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*Drivers who drive at or below the speed limit all the time.

**Drivers who never drive after drinking, or never drink.

***Drivers who sometimes consume alcohol but who never drive after drinking.

Table 6-3

CHANGE IN SEAT BELT USE FROM 1983 TO 1986

	Wear Seat Belt All the Time in Auto				Percentage Point Change From 1983 to 1986
	1983 Survey	1984 Survey	1985 Survey	1986 Survey	
Total Adults	19%	27%	41%	55%	+36
Region					
East	20	25	45	56	+36
Midwest	15	23	41	52	+37
South	18	26	37	51	+33
West	27	35	41	65	+38
Urbanism					
Central city	22	32	44	54	+32
Rest of metropolitan area	21	27	43	61	+40
Outside metropolitan area	13	20	33	45	+32
Sex					
Male	21	29	40	53	+32
Female	18	25	42	57	+39
Age					
18-29 years	17	25	40	53	+36
30-39 years	25	26	46	60	+35
40-49 years	19	30	40	49	+30
50-64 years	17	24	39	54	+37
65 and over	19	32	39	59	+40
Education					
Not high school graduate	8	19	32	40	+32
High school graduate	14	21	30	50	+36
Some college	21	29	47	56	+35
Four-year college graduate	35	40	58	72	+37
Household Income					
$7,500 or less	13	20	36	52	+39
$7,501-$15,000	12	21	33	43	+31
$15,001-$25,000	20	29	37	56	+36
$25,001-$35,000	22	30	47	58	+36
$35,001-$50,000	28	31	46	55	+27
$50,001 and over	27	37	52	67	+40
Usual Occupation of Head of Household					
Blue-collar labor, service	15	19	31	51	+36
Clerical, sales	19	32	42	54	+35
Professional, manager, or proprietor	27	35	50	60	+33

Q.15, 26, 27

Table 6-4

TREND IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251	1253	1256	1250
	%	%	%	%
Precautions at Home				
Yes, take steps	72	81	80	80
No, don't take steps	26	18	19	19
Not sure	1	1	*	1
Smoke Detector				
Have a smoke detector	67	74	76	77
Do not have	32	26	24	23
Not sure	*	*	*	1
Smoking in Bed				
Yes, someone smokes in bed	11	11	9	8
No, no one ever smokes in bed	85 } 88	74 } 89	89 } 91	86 } 91
No one in household smokes (vol.)	3	15	2	5
Not sure	*	1	*	*

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*Less than 0.5%.

x = Not asked.

Q.26, 27

Table 6-5

WHO TAKES SAFETY PRECAUTIONS AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in you home, or not?

	Base		Take Steps to Avoid Home Accidents	Have Smoke Detector in Home
Total Adults	1250	%	80	77
Region				
East	312	%	81	80
Midwest	313	%	76	79
South	386	%	80	73
West	239	%	83	74
Urbanism				
Central city	379	%	77	77
Rest of metropolitan area	571	%	80	79
Outside metropolitan area	300	%	83	72
Sex				
Male	602	%	76	77
Female	648	%	84	76
Race				
White	1030	%	80	79
Black	111	%	81	73
Hispanic	77	%	78	62
Age				
18-29 years	309	%	82	77
30-39 years	326	%	79	81
40-49 years	179	%	82	78
50-64 years	245	%	77	76
65 and over	191	%	79	70

(Continued)

Q.26, 27

Table 6-5 (Continued)

WHO TAKES SAFETY PRECAUTIONS AT HOME

	Base		Take Steps to Avoid Home Accidents	Have Smoke Detector in Home
Total Adults	1250	%	80	77
Education				
Not high school graduate	188	%	81	64
High school graduate	445	%	80	74
Some college	315	%	81	82
Four-year college graduate	302	%	78	84
Household Income				
$7,500 or less	123	%	79	68
$7,501-$15,000	169	%	79	68
$15,001-$25,000	264	%	82	75
$25,001-$35,000	234	%	80	84
$35,001-$50,000	201	%	84	84
$50,001 and over	137	%	79	86
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	80	76
Clerical, sales	167	%	80	77
Professional, manager, or proprietor	439	%	80	81
Self-Described Health Status				
Excellent	347	%	81	79
Very good or good	725	%	81	78
Fair or poor	176	%	73	70
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	543	%	81	77
To treatment	100	%	83	76

Table 6-6

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1986

	Have Smoke Detector in Home				
	1983 Survey		1986 Survey		
	Percent Having Detector	Size of Gap	Percent Having Detector	Size of Gap	Percentage Point Change From 1983 to 1986
Total Adults	67%		77%		+10
Region					
East	79	24	80	7	+1
Midwest	68		79		+11
South	55		73		+18
West	69		74		+5
Urbanism					
Central city	67	3	77	7	+10
Rest of metropolitan area	68		79		+11
Outside metropolitan area	65		72		+7
Race					
White	70	22	79	17	+9
Black	48		73		+25
Hispanic	59		62		+3
Age					
18-29 years	70	12	77	11	+7
30-39 years	72		81		+9
40-49 years	67		78		+11
50-64 years	64		76		+12
65 and over	60		70		+10
Education					
Not high school graduate	52	23	64	20	+12
High school graduate	67		74		+7
Some college	75		82		+7
Four-year college graduate	71		84		+13
Household Income					
$7,500 or less	52	28	68	18	+16
$7,501-$15,000	58		68		+10
$15,001-$25,000	71		75		+4
$25,001-$35,000	77		84		+7
$35,001-$50,000	80		84		+4
$50,001 and over	76		86		+10
Usual Occupation of Head of Household					
Blue-collar labor, service	62	12	76	5	+14
Clerical, sales	66		77		+11
Professional, manager, or proprietor	74		81		+7

Table 6-7

SEATBELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA

STATUS OF SEATBELT LAW IN STATE OF RESIDENCE		
Seatbelt Law by Nov. 1985	Seatbelt Law by Nov. 1986	Still No Seatbelt Law in Effect by Nov. 1986
New Jersey	Connecticut	Maine
New York	Massachusetts	New Hampshire
North Carolina	Maryland	Rhode Island
Texas	Washington, D.C.	Vermont
Illinois	Florida	Pennsylvania
Michigan	Tennessee	West Virginia
Missouri	Louisiana	Delaware
Nebraska	Ohio	Alabama
	Iowa	Georgia
	Kansas	Kentucky
	Minnesota	Mississippi
	Idaho	South Carolina
	New Mexico	Virginia
	Utah	Arkansas
	California	Oklahoma
	Washington state	Indiana
		Wisconsin
		North Dakota
		South Dakota
		Arizona
		Colorado
		Montana
		Nevada
		Wyoming
		Oregon

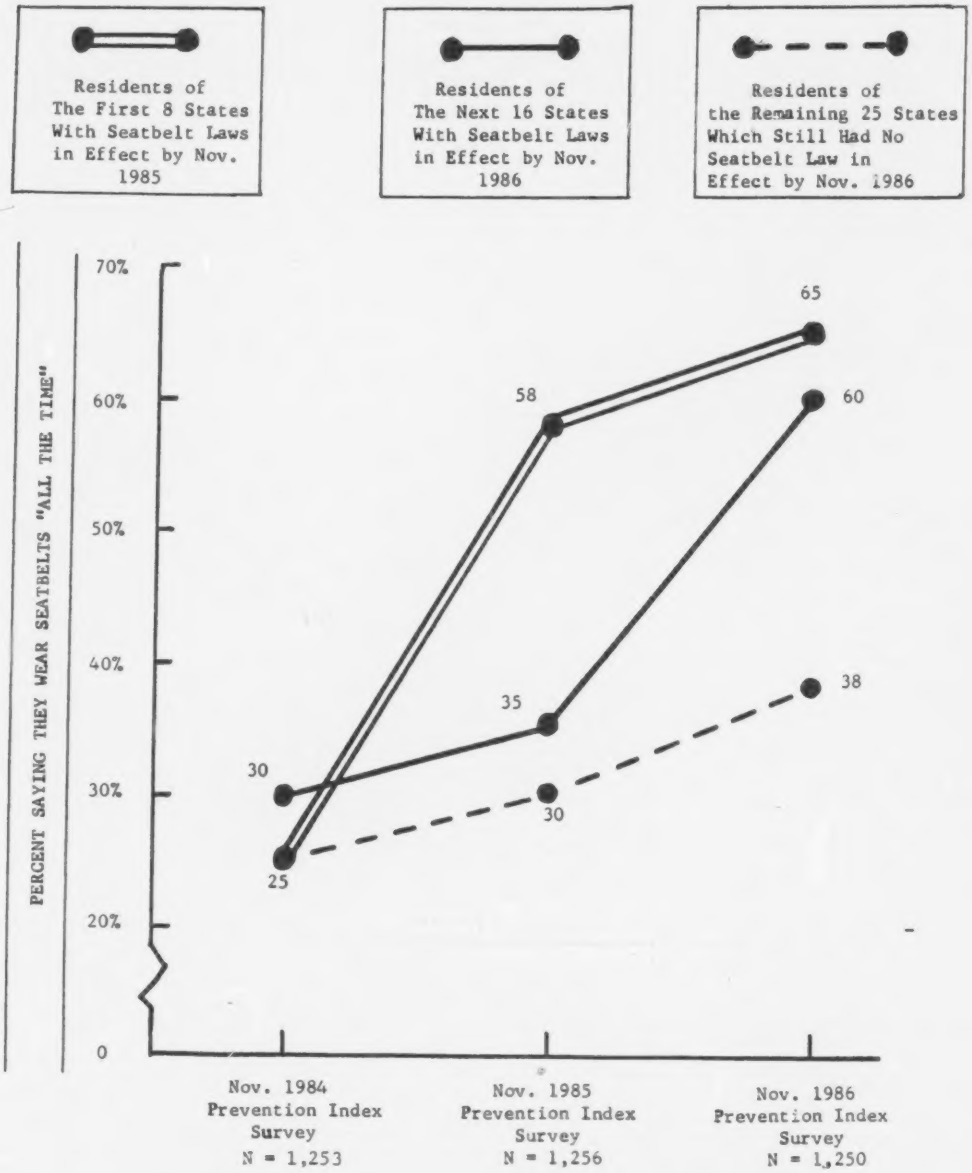
LAW SOURCE: National Safety Council, 444 North Michigan Ave., Chicago, Illinois 60611

Alaska and Hawaii not included in the Prevention Index survey.

Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election. In the survey analysis both states are categorized as having a seat belt law since their laws were in effect for most of the year and would have affected the behavior being reported in the Nov., 1986 survey.

Figure 6-1

SEATBELT USAGE BEFORE AND AFTER LEGAL INTERVENTION



SOURCE: Annual surveys conducted for Prevention magazine by Louis Harris and Associates

CHAPTER 7: PERIODIC MEDICAL EXAMS AND TESTS

Most adult Americans report that they have several important periodic medical exams or tests, although not always with the frequency that is recommended by authorities. Some are procedures that require professional medical or laboratory personnel. Others are procedures that can, at least potentially, be done by oneself. The trends are presented in Table 7-1.

Blood Pressure Reading

Eighty-five percent of adults say they have a blood pressure reading at least once a year. This is a rise of two points since the first year of The Prevention Index survey, and it is a rise of three points for those having the test more often than once a year. But the 1986 figure is slightly off the peak level registered last year.

Groups most likely to have an annual reading are shown in Table 7-2. There are no strong differences among economic groups or other social groups. A blood pressure reading is a test that one can potentially do without professional medical personnel (and expense), which may help to account for the relative high percentage throughout all sectors of society. This is significant since hypertension is perhaps the most widespread serious condition to be found in American society.

Groups who are most at risk of hypertension -- such as older people and blacks -- tend to have their blood pressure taken even more often than once a year.

Blood Test for Cholesterol

Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This is a rise of 3 points since the 1984 survey when this topic was first introduced. However, it is slightly off the peak measured in last year's survey. The fact that -- in the face of vastly increased publicity about cholesterol -- there has not been a more dramatic or consistent rise in blood testing underscores just how difficult it is to change American's understanding and behavior on this topic.

Moreover, there is evidence that cholesterol tests continue to be more associated with treatment than with prevention. Those who describe themselves as in "fair or poor" health are much more likely to have had a cholesterol test. Those who believe that health care services should give more emphasis to treatment (rather than to prevention) are also more likely to have had a cholesterol test. There are no strong differences between social classes.

All these findings are signs that prevention of high cholesterol has not yet gained momentum.

Dental Exam

Seventy-six percent of adults say they visit the dentist at least once a year. This figure has risen by 5 points since the first survey and has now become a statistically significant improvement. The trend figures are shown in Table 7-1.

Groups most likely to have such an annual dental checkup include those under age 50, those with greater education, those with higher income, and those with more prestigious occupations. The figures are presented in Table 7-2.

Pap Smear for Women

Eighty percent of adult women say they have a Pap smear test every one or two years. That represents a rise of 5 points across this series of Prevention Index surveys and represents a statistically significant improvement (Table 7-3). Groups that are most likely to have the test this often include younger women, college educated women, and women in households with more prestigious occupations.

Breast Self-Exam for Women

Forty-five percent of adult women say they examine their breasts at least once a month for signs of cancer. This test shows a statistically significant rise of 8 points since the first year of the Prevention Index Survey, as shown in Table 7-3. But it is slightly off the peak registered last year.

An interesting finding is that the frequently encountered social class pattern does not seem to operate in the case of the breast self-exam. Indeed, the usual pattern even seems to be reversed: women at lower income levels are actually more likely to perform this test than are women at higher income levels, as shown in Table 7-4. This unusual social class pattern, which runs counter to the findings for many other tests studied, has appeared in one form or another in each of the four Prevention Index surveys. In past years, for example, it was manifested by the finding that women with fewer years of education and that women from blue-collar households were more likely to perform the breast self-exam.

> Observation:
>
> A persistent pattern across the four annual surveys has been for the practice of those procedures that require professional medical or laboratory personnel (and expense) to be related to such economic factors as income, occupation, or education. However, those exams or tests that do not necessarily require medical or laboratory personnel tend not to be practiced any more frequently by those with more economic advantages. And in one case (breast self-exam) Americans with fewer economic resources

are especially likely to practice it. This suggests that, where screening tests are easy, inexpensive, and widely publicized, Americans of all social classes tend to take advantage of them.

Q.3, 4, 5

Table 7-1

TREND IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey	
Base	1254		1253		1256		1250	
	%		%		%		%	
Blood Pressure Screen								
More often than once a year	52	83	59	86	59	86	55	85
Once a year	30		26		28		29	
Every two years	6		5		5		5	
Every three or four years	2		2		3		3	
Every five years or less often	3		2		3		4	
Never	5		3		2		3	
Not sure	2		2		1		1	
Cholesterol Test								
More often than once a year	x		17	43	20	48	18	46
Once a year	x		26		28		28	
Every two years	x		8		7		8	
Every three or four years	x		6		4		5	
Every five years or less often	x		4		6		5	
Never	x		32		29		30	
Not sure	x		7		5		6	
Dental Exam								
More often than once a year	44	71	45	73	46	74	49	76
Once a year	27		27		28		27	
Every two years	8		7		7		6	
Every three or four years	4		4		3		3	
Every five years or less often	11		10		4		4	
Never	11		10		11		11	
Not sure	3		1		1		1	

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*Less than 0.5%.

Q.3, 4, 5

Table 7-2

WHO HAS THREE TYPES OF EXAMS OR TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	Base		Annual Blood Pressure Reading	Annual Cholesterol Test	Annual Dental Checkup
Total Adults	1250	%	85	46	76
Region					
East	312	%	87	47	78
Midwest	313	%	83	44	77
South	386	%	88	50	73
West	239	%	80	42	75
Urbanism					
Central city	379	%	83	44	78
Rest of metropolitan area	571	%	84	47	78
Outside metropolitan area	300	%	87	48	69
Sex					
Male	602	%	81	43	74
Female	648	%	88	49	77
Race					
White	1030	%	85	45	77
Black	111	%	84	57	73
Hispanic	77	%	84	42	69
Age					
18-29 years	309	%	81	35	84
30-39 years	326	%	80	39	83
40-49 years	179	%	84	47	79
50-64 years	245	%	88	59	69
65 and over	191	%	95	58	57
Education					
Not high school graduate	188	%	88	49	51
High school graduate	445	%	83	48	74
Some college	315	%	82	46	81
Four-year college graduate	302	%	87	42	90

(Continued)

Q.3, 4, 5

Table 7-2 (Continued)

WHO HAS THREE TYPES OF EXAMS OR TESTS

	Base		Annual Blood Pressure Reading	Annual Cholesterol Test	Annual Dental Checkup
Total Adults	1250	%	85	46	76
Household Income					
$7,500 or less	123	%	88	50	60
$7,501-$15,000	169	%	82	49	63
$15,001-$25,000	264	%	84	49	78
$25,001-$35,000	234	%	83	44	85
$35,001-$50,000	201	%	86	41	85
$50,001 and over	137	%	86	44	89
Usual Occupation of Head of Household					
Blue-collar labor, service	516	%	84	45	69
Clerical, sales	167	%	84	46	80
Professional, manager, or proprietor	439	%	85	44	86
Self-Described Health Status					
Excellent	347	%	84	41	81
Very good or good	725	%	83	46	76
Fair or poor	176	%	91	56	67
Those Who Say Health Care Services Should Give More Emphasis					
To prevention	543	%	86	45	81
To treatment	100	%	84	55	77

Q.6, 7

Table 7-3

TREND IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey	
	646		634		640		648	
	%		%		%		%	
Pap Smear								
More often than once a year	18		23		15		17	
Once a year	49	75	46	77	54	78	55	80
Every two years	8		8		9		8	
Every three years	4		3		3		4	
Every four or five years	3		2		3		2	
Every six years or less often	2		4		3		4	
Never	13		11		12		7	
Not applicable (vol.)	1		2		1		2	
Not sure	2		1		1		*	
Breast Self-Exam								
At least once a month	37		42		48		45	
Several times a year	30		27		30		30	
Once a year	9		10		8		6	
Less than once a year	4		4		3		3	
Never	15		13		9		12	
I never do it -- doctor does it (vol.)	2		2		1		3	
Not applicable (vol.)	*		*		-		*	
Not sure	1		1		1		*	

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*Less than 0.5%

Q.6, 7

Table 7-4

WHO PERFORMS SPECIAL TESTS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Base		Pap Smear Every One or Two Years	Monthly Breast Self-Exam
Total Women	648	%	80	45
Region				
East	172	%	81	46
Midwest	170	%	82	39
South	203	%	78	46
West	103	%	78	51
Urbanism				
Central city	196	%	80	46
Rest of metropolitan area	291	%	81	43
Outside metropolitan area	161	%	78	47
Race				
White	516	%	78	43
Black	75	%	90	54
Hispanic	38	%	94**	52**
Age				
18-29 years	151	%	86	49
30-39 years	162	%	86	39
40-49 years	83	%	83	48
50-64 years	139	%	80	49
65 and over	113	%	62	41

(Continued)

Q.6, 7

Table 7-4 (Continued)

WHO PERFORMS SPECIAL TESTS FOR WOMEN

Base: Women only

	Base		Pap Smear Every One or Two Years	Monthly Breast Self-Exam
Total Women	648	%	80	45
Education				
Not high school graduate	112	%	70	43
High school graduate	236	%	79	48
Some college	159	%	85	46
Four-year college graduate	141	%	85	42
Household Income				
$7,500 or less	84	%	71	56
$7,501-$15,000	95	%	85	47
$15,001-$25,000	146	%	82	47
$25,001-$35,000	111	%	84	44
$35,001-$50,000	89	%	87	38
$50,001 and over	51	%	82**	36**
Usual Occupation of Head of Household				
Blue-collar labor, service	264	%	77	44
Clerical, sales	100	%	81	50
Professional, manager, or proprietor	204	%	84	44
Self-Described Health Status				
Excellent	166	%	84	48
Very good or good	376	%	81	42
Fair or poor	106	%	69	52
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	272	%	79	49
To treatment	55	%	83**	47**

**Caution due to small cell size.

CHAPTER 8: REACTION TO THE NEW HOME MEDICAL TESTS THAT ARE BECOMING AVAILABLE

Nearly half (49%) of adult Americans say they would be "very interested" in at least one of the various medical tests which are now, or soon will be, available for people to use at home without a doctor or nurse. One quarter (24%) of adults say they already use some sort of home medical test. Tables 8-1 and 8-2 present the detailed results.

Of the six different self-tests studied, interest was highest for a home test to detect colon cancer and other disorders of the digestive tract. Thirty percent say they are very interested in that test and an additional 30% say they are somewhat interested. In order of magnitude, interest in five other tests included:

-- 26% are very interested in a device to measure blood pressure at home;

-- 22% are very interested in a home test to detect infections, such as urinary tract infections;

-- 21% are very interested in a test to measure their blood sugar level at home;

-- 17% of women are very interested in a home test to detect pregnancy;

-- 15% of women are very interested in a home test to detect when ovulation occurs.

Groups who are most interested in at least one of the six home tests include: women, blacks, those under age 50, and those in fair or poor health. There are no strong patterns according to economic or social class factors such as income, education, and occupation. This demonstrates that interest in home medical tests cuts across all levels of society.

However, when it comes to those who have actually used at least one of the home tests already on the market, the traditional social class patterns are more apparent. Those with greater edcuation, income, and higher level occupations are slightly more likely to have already used a home test. They would be among the first to learn about such new products and to be able to afford them most easily. But the fact that these patterns are not terribly strong also suggests that home tests already have a strong appeal even to those people who have fewer advantages. The test most widely used so far among these now available is the test for blood pressure.

Q.33a, 33b

Table 8-1

INTEREST IN HOME MEDICAL TESTS

Q.: I will read you a list of different kinds of medical tests which are now, or soon will be, available for people to use at home without a doctor or nurse. Please say for each how interested you would be in using it once it is available -- very interested, somewhat interested, not too interested, or not interested at all.

Q.: Have you actually used any of these home tests in the past? (IF "YES":) Which?

Base: 1,250	Very Interested	Somewhat Interested	Not Too Interested	Not at All Interested	Acutally Used
A home test to detect colon cancer and other disorders of the digestive tract	30	30	9	30	4
A device to measure your blood pressure at home	26	30	14	29	12
A home test to detect infections, such as urinary tract infections	22	28	12	36	1
A test to measure your blood sugar level at home	21	28	13	36	4
Base: 648 Women					
A home test to detect pregnancy	17	14	6	63	12
A home test to detect when ovulation occurs	15	12	7	63	*

Q.33a, 33b

Table 8-2

WHO HAS USED OR MIGHT USE HOME MEDICAL TESTS

Q.: I will read you a list of different kinds of medical tests which are now, or soon will be, available for people to use at home without a doctor or nurse. Please say for each how interested you would be in using it once it is available -- very interested, somewhat interested, not too interested, or not interested at all.

Q.: Have you actually used any of these home tests in the past? Which?

	Base		Percent Very Interested in at Least One of Six Home Tests	Percent Who Have Already Used at Least One of Six Home Tests
Total Adults	1250	%	49	24
Region				
East	312	%	50	25
Midwest	313	%	49	29
South	386	%	51	22
West	239	%	44	18
Urbanism				
Central city	379	%	50	18
Rest of metropolitan area	571	%	49	26
Outside metropolitan area	300	%	49	27
Race				
White	1030	%	48	25
Black	111	%	64	17
Hispanic	77	%	49	14
Sex				
Male	602	%	40	19
Female	648	%	58	28
Age				
18-29 years	309	%	57	21
30-39 years	326	%	50	22
40-49 years	179	%	57	28
50-64 years	245	%	45	29
65 and over	191	%	35	20

(Continued)

Q.33a, 33b

Table 8-2 (Continued)

WHO HAS USED OR MIGHT USE HOME MEDICAL TESTS

	Base		Percent Very Interested in at Least One of Six Home Tests	Percent Who Have Already Used at Least One of Six Home Tests
Total Adults	1250	%	49	24
Education				
Not high school graduate	188	%	47	19
High school graduate	445	%	47	24
Some college	315	%	56	23
Four-year college graduate	302	%	47	27
Household Income				
$7,500 or less	123	%	55	11
$7,501-$15,000	169	%	48	22
$15,001-$25,000	264	%	54	27
$25,001-$35,000	234	%	48	25
$35,001-$50,000	201	%	48	27
$50,001 and over	137	%	47	29
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	49	23
Clerical, sales	167	%	45	22
Professional, manager, or proprietor	439	%	52	26
Self-Described Health Status				
Excellent	347	%	47	23
Very good or good	725	%	48	24
Fair or poor	176	%	58	24
Those Who Say Health Care Service Should Give More Emphasis				
To prevention	543	%	55	26
To treatment	100	%	53	20

CHAPTER 9: WHO PRACTICES HEALTH HABITS AND SAFETY PRECAUTIONS

The average adult American presently practices just about two-thirds of the preventive habits measured in this study that apply to him or her. This represents a small but steady rise from year to year during the time period of the Prevention Index surveys. It means that the statistically typical adult now practices more habits (about 2 out of 3 of all habits considered) than he or she neglects (about 1 out of 3 of the habits considered). But it also means he or she still has a considerable way to go.

Up to twenty-four possible preventive habits were considered for each individual. They were outlined earlier in Table S-1 and have been discussed individually in Chapters 1 through 7. The number of habits a given individual does engage in was divided by the total number of habits that potentially apply to him or her. The resulting ratio shows the percentage of applicable habits practiced by that individual.* The latest distribution is as follows:

	Percent of Adults
Those who practice more than 75% of the applicable habits	34%
Those who practice 51% to 75% of the applicable habits	51%
Those who practice 50% or fewer of the applicable habits	16%
	100%

---

*In the calculations people were excused from habits that did not apply to them as individuals. For instance, pap smears and breast self-exams apply only to women. Never driving after drinking applies only to those who drive and not to nondrivers. Expressing the score as a ratio of "habits practiced" to "habits applicable" assures that no bias accrues from the fact that different individuals have differing numbers of habits applicable to them.

Table 9-1 shows the percent of each group of adults who practice a) more than half, and b) more than three-quarters of the key preventive habits that apply to them. The practice of preventive health habits tends to be greatest among women, those with a college education, and those with higher income. In addition, those who are in excellent health and those who feel that prevention deserves more emphasis are also more likely than others to practice preventive habits. Different individuals and groups who are shown in Table 9-1, of course, can achieve similar scores even if they differ on which particular habits they practice and which they neglect.

Table 9-1

WHO PRACTICES THE MOST KEY PREVENTIVE HEALTH HABITS

			Proportion of up to Twenty-Four Applicable Preventive Health Habits Practiced	
	Base		More Than Half	More Than Three-Quarters
Total Adults	1250	%	84	34
Region				
East	312	%	84	36
Midwest	313	%	81	30
South	386	%	85	32
West	239	%	89	38
Urbanism				
Central city	379	%	84	30
Rest of metropolitan area	571	%	85	37
Outside metropolitan area	300	%	84	32
Sex				
Male	602	%	81	29
Female	648	%	88	37
Race				
White	1030	%	85	34
Black	111	%	81	32
Hispanic	77	%	86	30
Age				
18-29 years	309	%	84	29
30-39 years	326	%	83	33
40-49 years	179	%	82	30
50-64 years	245	%	87	39
65 and over	191	%	88	39
Education				
Not high school graduate	188	%	77	34
High school graduate	445	%	83	33
Some college	315	%	86	33
Four-year college graduate	302	%	90	41

(Continued)

Table 9-1 (Continued)

WHO PRACTICES THE MOST KEY PREVENTIVE HEALTH HABITS

	Base		Proportion of up to Twenty-Four Applicable Preventive Health Habits Practiced: More Than Half	Proportion of up to Twenty-Four Applicable Preventive Health Habits Practiced: More Than Three-Quarters
Total Adults	1250	%	84	34
Household Income				
$7,500 or less	123	%	85	25
$7,501-$15,000	169	%	81	33
$15,001-$25,000	264	%	86	36
$25,001-$35,000	234	%	85	38
$35,001-$50,000	201	%	87	34
$50,001 and over	137	%	86	40
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	81	32
Clerical, sales	167	%	87	29
Professional, manager, or proprietor	439	%	88	37
Self-Described Health Status				
Excellent	347	%	88	40
Very good or good	725	%	84	32
Fair or poor	176	%	81	27
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	543	%	87	36
To treatment	100	%	73	26

CHAPTER 10: A KEY ATTITUDE RELATED TO PREVENTIVE BEHAVIOR

Individuals may differ in their practice of preventive habits because they hold different attitudes or beliefs about the importance of or the efficacy of preventive behavior. Each year's Prevention Index Survey measures one or more of the key attitudes and beliefs related to prevention.

The Balance Between Prevention and Treatment

More than four of every ten American adults believes that health care services should give more emphasis to prevention rather than to treatment. This proportion is slightly less than that measured in previous Prevention Index surveys (perhaps because in 1986 the question was located slightly nearer the beginning of the interview than it was in previous years, leading to a greater proportion of "don't know" answers). The trend figures are presented in Table 10-1.

The groups most likely to favor a greater emphasis on prevention are shown in Table 10-2. They include: urbanites and suburbanites, middle aged people in their 40s, those with more education, those with higher income, and those in more prestigious occupations. Many of these patterns are persistent ones and were also identified in the 1985, 1984, and 1983 surveys. But it is also striking that a plurality of every sub-group examined in Table 10-2 favor more emphasis on prevention.

Observation:

> The magnitude and pervasiveness of the support for prevention across the four years of the Prevention Index Survey indicate a continuing basic receptiveness to further appeals, programs, and public education efforts regarding prevention. Socially advantaged groups are particularly

predisposed toward prevention, and they constitute a receptive constituency. But, the data continue to show that all social groups feel prevention deserves greater emphasis.

Attitude Related to Behavior

Such a key attitude would seem to be an important potential influence on a person's actual practice of preventive habits. Table 10-3 shows that this potential influence is an actuality for many Americans. In general, those who think prevention deserves more emphasis are likely to practice a greater number of preventive behaviors. And, in particular, they are more likely to be nonsmokers, more likely to take steps to control stress, to "try a lot" in the area of diet and nutrition, to exercise more frequently, and to have more success in keeping their weight under control.

Thus, those who hold this kind of attitude actually do practice a greater number of preventive behaviors. And, since attitudes are mental states, they may potentially be open to outside influence -- from public education campaigns, from the mass media, and from persuasive efforts on the part of preventive health advocates. We turn next to some of the outside influences that can be most effective.

Q.2

Table 10-1

TREND IN A KEY ATTITUDE REGARDING PREVENTION

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Balance Between Prevention and Treatment				
Got the right balance	18	23	24	29
Should give more emphasis to treatment	12	10	14	8
Should give more emphasis to prevention	52	52	51	43
More emphasis to both (vol.)	4	3	3	5
Not sure	13	12	8	15

Q.2

Table 10-2

WHO HOLDS A KEY ATTITUDE ABOUT PREVENTION

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

			Right Balance	Treatment	Prevention
Total Adults	1250	%	29	8	43
Region					
East	312	%	26	9	45
Midwest	313	%	35	7	40
South	386	%	29	8	42
West	239	%	24	9	48
Urbanism					
Central city	379	%	25	11	46
Rest of metropolitan area	571	%	31	7	45
Outside metropolitan area	300	%	30	7	37
Sex					
Male	602	%	27	8	45
Female	648	%	31	9	42
Race					
White	1030	%	31	7	44
Black	111	%	19	15	40
Hispanic	77	%	18	16	37
Age					
18-29 years	309	%	31	11	46
30-39 years	326	%	32	9	42
40-49 years	179	%	26	6	51
50-64 years	245	%	24	8	40
65 and over	191	%	29	6	37

(Continued)

Q.2

Table 10-2 (Continued)

WHO HOLDS A KEY ATTITUDE ABOUT PREVENTION

			Right Balance	Treatment	Prevention
Total Adults	1250	%	29	8	43
Education					
Not high school graduate	188	%	25	15	30
High school graduate	445	%	27	9	42
Some college	315	%	31	9	44
Four-year college graduate	302	%	31	3	52
Household Income					
$7,500 or less	123	%	18	14	37
$7,501-$15,000	169	%	31	10	37
$15,001-$25,000	264	%	27	8	48
$25,001-$35,000	234	%	30	8	43
$35,001-$50,000	201	%	34	7	48
$50,001 and over	137	%	28	4	54
Usual Occupation of Head of Household					
Blue-collar labor, service	516	%	27	9	42
Clerical, sales	167	%	32	10	44
Professional, manager, or proprietor	439	%	30	6	48
Self-Described Health Status					
Excellent	347	%	31	7	44
Very good or good	725	%	28	9	45
Fair or poor	176	%	25	11	36

Table 10-3

ATTITUDE ABOUT PREVENTION RELATED TO THE PRACTICE OF SOME KEY PREVENTIVE BEHAVIORS

			Percent of Adults Who:					
	Base		Practice More Than Half of up to Twenty-Four Applicable Preventive Health Habits	Do Not Smoke Cigarettes	Take Steps to Control Stress	On Average Say They "Try a Lot" on Eleven Aspects of Diet and Nutrition	Exercise Strenuously Three or More Days Per Week	Weight Within ± 4.9% of Recommended Range
Total	1256	%	84	72	64	50	33	23
Those Who Say Health Care Services Should Give More Emphasis								
To prevention	543	%	87	73	69	52	36	49
To treatment	100	%	73	68	54	43	32	37

CHAPTER 11: TWO OUTSIDE INFLUENCES FOR BETTER HEALTH HABITS

Half of American adults say that during the past five years information in a health book or health magazine made them consider changing their health habits. But only 30% of adults say that a doctor has given them unsolicited advice about improving their habits during that same time period.

Advice From Doctors

Over two-thirds report that a doctor has not given them such advice about prevention, as shown in Table 11-1. The influence of doctors may even have declined. During the three Prevention Index Surveys on which this question appeared, the percentage reporting preventive advice from doctors has slipped from 36% in 1983 to 34% in 1985 to 30% in 1986.

Moreover, those most likely to report that they have been given such advice by a doctor are those who say they are in only fair or poor health. This suggests that many who are given advice on health habits by doctors are already in medical need of it. Such advice about health habits may be perhaps more properly thought of as part of treatment than as prevention.

Advice From Health Books and Magazines

Fifty percent of American adults report that a health book or health magazine made them reconsider their health habits in the past five years. Those most likely to report this experience include: women, younger adults, those with more education, those with higher income, those in more prestigious occupations, and those who think prevention deserves more emphasis.

Some of these groups may be presumed to be especially alert to the mass media or particularly open to influence by media messages. But it is important to note that a significant fraction of every group listed in Table 11-2 say they reconsidered their health habits due to information obtained from the health media. Thus the word about prevention penetrates via the media into all sectors of society, albeit at different rates.

Impact of Outside Influences on Health Habits

People who report that they were influenced by information from a book or magazine do indeed practice more preventive habits than do people who were not so influenced. Table 11-3 presents the findings.

But the pattern is much less clear for people who received advice to improve their habits from a doctor. They show hardly any difference in their current behavior as compared to other people who did not receive such advice. We point out, however, that it is still possible for people who received advice from doctors to be practicing more preventive habits than they did previously, or more than they otherwise would. To show that this actually happens would require data from both before and after the advice was given, which cannot be obtained from the current survey.

Q.29, 30

Table 11-1

SOME INFLUENCES FOR BETTER HEALTH HABITS

Q.: During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Q.: During the past five years, has any information in a health book or health magazine made you consider changing your health habits, or not?

	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %
Preventive Advice From Doctors				
Yes, doctor has given unsolicited advice	36	x	34	30
No, doctor has not given advice	62	x	65	68
Haven't seen doctor in past five years (vol.)	1	x	1	1
Not sure	1	x	*	1
Influenced by Health Book or Magazine				
Yes, it did	x	x	49	50
No, it did not	x	x	50	49
Not sure	x	x	*	1

---

*Less than 0.5%.

x = Not asked.

Q.29, 30

Table 11-2

WHO RECEIVES INFLUENCES FOR BETTER HEALTH HABITS

Q.: During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Q.: During the past five years, has any information in a health book or a health magazine made you consider changing your health habits, or not?

	Base		Doctor Has Given Unsolicited Advice About Health Habits	Health Book or Magazine Caused Reconsideration of Habits
Total Adults	1250	%	30	50
Region				
East	312	%	36	51
Midwest	313	%	26	49
South	386	%	29	50
West	239	%	31	52
Urbanism				
Central city	379	%	29	51
Rest of metropolitan area	571	%	32	51
Outside metropolitan area	300	%	30	48
Sex				
Male	602	%	25	43
Female	648	%	36	57
Race				
White	1030	%	31	52
Black	111	%	29	49
Hispanic	77	%	25	42
Age				
18-29 years	309	%	27	54
30-39 years	326	%	22	59
40-49 years	179	%	39	58
50-64 years	245	%	38	43
65 and over	191	%	33	33

(Continued)

Q.29, 30

Table 11-2 (Continued)

WHO RECEIVES INFLUENCES FOR BETTER HEALTH HABITS

	Base		Doctor Has Given Unsolicited Advice About Health Habits	Health Book or Magazine Caused Reconsideration of Habits
Total Adults	1250	%	30	50
Education				
Not high school graduate	188	%	33	33
High school graduate	445	%	31	45
Some college	315	%	32	55
Four-year college graduate	302	%	26	65
Household Income				
$7,500 or less	123	%	32	34
$7,501-$15,000	169	%	31	48
$15,001-$25,000	264	%	36	53
$25,001-$35,000	234	%	28	57
$35,001-$50,000	201	%	30	59
$50,001 and over	137	%	25	59
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	31	44
Clerical, sales	167	%	33	55
Professional, manager, or proprietor	439	%	27	59
Self-Described Health Status				
Excellent	347	%	24	50
Very good or good	725	%	31	52
Fair or poor	176	%	41	46
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	543	%	32	58
To treatment	100	%	25	47

Table 11-3

IMPACT OF INFLUENCES ON PREVENTIVE BEHAVIOR

			Proportion of Up to Twenty-Four Applicable Preventive Health Habits Practiced	
	Base		More Than Half	More Than Three-Quarters
Total Adults	1250	%	84	34
Influenced By Information From Book or Magazine				
Those who say yes	636	%	89	39
Those who say no	603	%	80	28
Received Advice From Doctor				
Those who say yes	391	%	86	35
Those who say no	839	%	85	33

CHAPTER 12: HEALTH STATUS AND HEALTH OUTCOMES

This chapter analyzes the relation of several of the demographic influences and health practices that have been studied in this survey to an individual's current health status. We hasten to add that such data do not constitute a fair or proper test of many of the factors, particularly the behavioral ones. That is because many preventive health habits take years to work their effects. Current behavior may tell us little about a person's behavior years ago, which probably has had the greater influence on his or her current health status. And current health may tell us little about a person's eventual health, years from now, when present behavior may be presumed to show its ultimate impact. Nonetheless, some of the patterns in Tables 12-1 and 12-2 are striking.

Subjective Evaluation of Health

Excellent health tends to be reported most often by people under age 50, by college graduates, and by those in the higher income brackets. These patterns are persistent ones and were also observed in the 1985, 1984, and 1983 surveys. They would seem to reveal the health impact of the different lifestyles, living conditions, health habits, and access to medical care that are experienced by the different economic and social classes in the United States.

However, these factors may be confounded, to some extent, with another factor -- age. Older people are among the ones most likely to have a lower income and less formal education, and -- for obvious reasons -- they are less likely to enjoy good health. Age surely does not explain away the total effect of economic factors. But the task of precisely disentangling these multiple relationships will require additional analysis in the future, based on multivariate techniques.

Preventive Health Practices

The practice of key preventive health habits also seems related to health status or health outcomes (Table 12-2). In general, those who practice the most preventive health habits (out of a maximum of 24 habits studied) are more likely to be in excellent health than those who practice the fewest.

The same pattern holds for most of the specific preventive health behaviors as well. For example, those who get frequent strenuous exercise, those whose weight is within the recommended range, and those who are nonsmokers are all more likely to be in excellent health.

These findings, we hasten to repeat, do not necessarily prove that there is an immediate cause-effect relationship between current good habits and current good health. Rather, the seeming connection between current habits and and current health is probably due to the fact that many who practice good health habits today have probably also tended to have practiced good habits over the years. And it is their earlier practice whose consequences are showing up in the data today.

Q.1

Table 12-1

WHO EXPERIENCES BETTER OR WORSE HEALTH

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

	Base		Excellent	Very Good	Good	Fair or Poor
Total Adults	1250	%	28	36	22	14
Region						
East	312	%	29	31	25	14
Midwest	313	%	27	42	19	12
South	386	%	27	33	23	17
West	239	%	28	39	19	13
Urbanism						
Central city	379	%	32	34	21	14
Rest of metropolitan area	571	%	28	38	22	12
Outside metropolitan area	300	%	22	35	24	20
Sex						
Male	602	%	30	37	21	12
Female	648	%	26	35	23	17
Race						
White	1030	%	28	36	21	14
Black	111	%	26	34	23	17
Hispanic	77	%	26	46	18	10
Age						
18-29 years	309	%	32	38	20	9
30-39 years	326	%	34	37	21	8
40-49 years	179	%	29	39	19	13
50-64 years	245	%	24	32	23	20
65 and over	191	%	14	31	26	29

(Continued)

Q.1

Table 12-1 (Continued)

WHO EXPERIENCES BETTER OR WORSE HEALTH

	Base		Excellent	Very Good	Good	Fair or Poor
Total Adults	1250	%	28	36	22	14
Education						
Not high school graduate	188	%	12	36	22	30
High school graduate	445	%	28	31	24	17
Some college	315	%	28	41	20	10
Four-year college graduate	302	%	38	38	19	5
Household Income						
$7,500 or less	123	%	17	32	21	30
$7,501-$15,000	169	%	24	33	21	22
$15,001-$25,000	264	%	20	42	27	10
$25,001-$35,000	234	%	26	34	31	9
$35,001-$50,000	201	%	37	40	18	5
$50,001 and over	137	%	42	37	13	8
Usual Occupation of Head of Household						
Blue-collar labor, service	516	%	23	35	25	17
Clerical, sales	167	%	30	34	23	13
Professional, manager, or proprietor	439	%	33	37	20	9
Those Who Say Health Care Services Should Give More Emphasis						
To prevention	543	%	28	40	20	12
To treatment	100	%	22	33	26	19

Q.1

Table 12-2

PREVENTIVE HEALTH PRACTICES RELATED TO CURRENT HEALTH STATUS

Q.: In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

	Base		Excellent	Very Good	Good	Fair or Poor
Total Adults	1250	%	28	36	22	14
Percent of Twenty-Four Key Preventive Health Habits Practiced						
Those who practice 76% to 100%	424	%	33	33	23	12
Those who practice 51% to 75%	631	%	27	39	19	15
Those who practice 0% to 50%	195	%	21	33	27	18
Strenuous Exercise						
Those who get three or more days a week	408	%	35	37	18	11
Those who never get	282	%	21	28	23	28
Body Weight						
Those whose weight is within the recommended range	231	%	33	37	17	13
Those who are overweight	656	%	25	36	25	15
Cigarette Smoking						
Those who do not smoke	900	%	31	35	21	12
Those who smoke	347	%	20	37	23	20
Nutrition						
Those who try most	352	%	27	32	23	18
Those who try least	321	%	29	35	23	13

APPENDIX A: SURVEY METHOD

The 1986 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 14 to November 30, 1986. In addition, in 385 of the same households where a child aged 5 to 17 years resided, an additional "child proxy" interview was conducted. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in Table A-2 at the end of this Appendix.

The 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

-- The sample is highly representative.

-- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.

-- Respondents are geographically dispersed, rather than clustered.

-- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

- -- It allows greater stratification of the population (Harris samples have twelve strata).
- -- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.
- -- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ, smaller than the skip factor, is selected. Beginning with the random number Ψ, the sample points are then assigned according to where the numbers Ψ, $(\Psi + t/n)$, $(\Psi + 2\ t/n)$, $(\Psi + 3\ t/n)$... $(\Psi + (n-1)\ t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

- -- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.
- -- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.
- -- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

The child proxy interview was conducted with an adult who "knows a lot about the health" of the designated child (aged 5 to 17). If there was more than one child aged 5 to 17 in the household, the designated child was the one who celebrated the most recent birthday.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-1) to correct for sub-group variations in telephone penetration and non- response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching them. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ±11.

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based		Approximate Magnitude of Results				
		Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs.	1,250	2	3	4	4	4
	1,000	2	3	4	4	4
	500	3	4	5	5	5
	300	4	5	6	6	6
	200	4	6	7	7	7
	100	6	8	9	10	10
	50	8	11	13	14	14
1,000 vs.	1,000	3	4	4	4	4
	500	3	4	5	5	5
	300	4	5	6	6	6
	200	5	6	7	7	8
	100	6	8	9	10	10
	50	9	11	13	14	14
500 vs.	500	4	4	6	6	6
	300	4	6	7	7	7
	200	6	7	8	8	8
	100	7	9	10	11	11
	50	9	12	13	14	15
300 vs.	300	5	6	7	8	8
	200	5	7	8	9	9
	100	7	9	10	11	11
	50	9	12	14	15	15
200 vs.	200	6	8	9	10	10
	100	7	10	11	12	12
	50	9	12	14	15	15
100 vs.	100	8	11	13	14	14
	50	10	14	16	17	17
50 vs.	50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table A-1

PROFILE OF THE 1986 ADULT SAMPLE

	Base	Unweighted Proportion in Sample %	Weighted Proportion in Sample %
Total Adults	1250	100	100
Region			
East	312	25	25
Midwest	313	25	25
South	386	31	31
West	239	19	19
Urbanism			
Central city	379	30	31
Rest of metropolitan area	571	46	44
Outside metropolitan area	300	24	24
Sex			
Male	602	48	48
Female	648	52	52
Race			
White	1030	82	81
Black	111	9	11
Hispanic	77	6	6
Age			
18-29 years	309	25	29
30-39 years	326	26	22
40-49 years	179	14	13
50-64 years	245	20	19
65 and over	191	15	16
Education			
Not high school graduate	188	15	16
High school graduate	445	36	35
Some college	315	25	25
Four-year college graduate	302	24	24
Household Income			
$7,500 or less	123	10	13
$7,501-$15,000	169	14	15
$15,001-$25,000	264	21	19
$25,001-$35,000	234	19	16
$35,001-$50,000	201	16	14
$50,001 and over	137	11	13
Usual Occupation of Head of Household			
Blue-collar labor, service	516	41	41
Clerical, sales	167	13	14
Professional, manager, or proprietor	439	35	35

Table A-2

DISPOSITION OF ALL TELEPHONE NUMBERS CALLED FOR THE 1986 SURVEY

Completed Interviews	1,250
Reached but Not Completed	
Respondent refused altogether	485
Respondent terminated interview once begun	26
Callbacks Incomplete	
Callback agreed to, but respondent could not complete it by the end of field period	208
Quota Out	
Excess women screened out toward end of field period to maintain proper sex ratio	118
No Reachable Respondent	
Never any answer	710
Always busy	78
Phone number not in service	1,022
Phone number is a business	239
Unavailable due to language; no English-speaker in household	42
Everyone reported to be unavailable due to health	57
Everyone reported to be unavailable during duration of the field period	61
Miscellaneous	
Duplicate numbers, etc.	10
TOTAL OF TELEPHONE NUMBERS CALLED	4,306

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Completions}}{\text{Completions} + \text{Refusals} + \text{Terminations}} = \frac{1{,}250}{1{,}250 + 485 + 26} = 71\%$$

Completion rate = 71% of eligible households reached.

Noncompetion rate = 29% of eligible households reached.

Table A-2, containing the disposition of all telephone numbers called, allows the interested reader to calculate response rates according to the above formula or other available formulas.

APPENDIX B:

QUESTIONNAIRE WITH 1986 MARGINAL FREQUENCIES

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Questionnaire No.:__________

__________________ 5-6-7-8

Study No. 864013

1986
PREVENTION IV

November 14, 1986

Sample Point No. / / / / / / / /
10-11-12-13-14-15-16

Time Started:______________A.M./P.M.

Interviewer:________________________________ I.D. No.:________ Date:____________

Area Code:__________ Telephone No.:______________________________
(17-26)

Hello, I'm ______________________ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety.

Are you 18 years of age or older? (IF "NO," ASK IF ANYONE IN HOUSEHOLD IS 18 YEARS OLD OR OLDER AND ASK TO SPEAK WITH THAT PERSON. IF NO ONE IN HOUSEHOLD IS 18 OR OLDER, NOT ELIGIBLE.)

Yes..100%..____ (CONTINUE WITH QUESTIONNAIRE)

No........____ (NONELIGIBLE)

Refused....____ (REFUSAL)

FROM OBSERVATION: Respondent sex:

Male......(27(48 -1
Female........ 52 -2

INTERVIEWING DATES:
November 14 - November 30
WEIGHTED FIGURES
Sample Size = 1,250 adults

Unmarked items = trend items
+ = slightly modified in 1986
++ = new item in 1986

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

Excellent	(28(	28	-1
Very good		36	-2
Good		22	-3
Fair		10	-4
Poor		4	-5
Not sure		*	-6
Refused		*	-7

* = less than 0.5%

- = zero

29-32Z

2. There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

Got the right balance	(33(	29	-1
Should give more emphasis to treatment		8	-2
Should give more emphasis to prevention		43	-3
More emphasis to both (vol.)		5	-4
Not sure		15	-5
Refused		*	-6

34Z

3. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year	(35(	55	-1	85
Once a year		29	-2	
Every two years		5	-3	
Every three or four years		3	-4	
Every five years or less often		4	-5	
Never		3	-6	
Not sure		1	-7	
Refused		*	-8	

4. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year	(36(	18	-1	46
Once a year		28	-2	
Every two years		8	-3	
Every three or four years		5	-4	
Every five years or less often		5	-5	
Never		30	-6	
Not sure		6	-7	
Refused		-	-8	

5. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year.	(37(	49	-1	76
Once a year		27	-2	
Every two years		6	-3	
Every three or four years		3	-4	
Every five years or less often		4	-5	
Never		11	-6	
Not sure		1	-7	
Refused		-	-8	

ASK Q.6 AND Q.7 OF WOMEN ONLY -- SKIP MEN TO Q.8

6. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year.	(38(	17	-1	80
Once a year		55	-2	
Every 2 years		8	-3	
Every 3 years		4	-4	
Every 4 or 5 years		2	-5	
Every 6 years or less often		4	-6	
Never		7	-7	
Not applicable (vol.)		2	-8	
Not sure		*	-9	
Refused		*	-0	

N = 648 women

7. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month	(39(	45	-1
Several times a year		30	-2
Once a year		6	-3
Less than once a year		3	-4
Never		12	-5
I never do it -- doctor does it (vol.)		3	-6
Not applicable (vol.)		*	-7
Not sure		*	-8
Refused		*	-9

N = 648 women

ASK EVERYONE

8. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

ROTATE -- START AT "X"			Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
( )	a.	Avoid eating too much salt or sodium..(40(	57 -1	28 -2	14 -3	1 -4	* -5
( )	b.	Avoid eating too much fat............(41(	56 -1	32 -2	12 -3	1 -4	* -5
( )	c.	Eat enough fiber from whole grains, cereals, fruits, and vegetables.......(42(	59 -1	31 -2	9 -3	1 -4	* -5
( )	d.	Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats.......................(43(	46 -1	36 -2	18 -3	1 -4	– -5
( )	e.	Get enough vitamins and minerals in foods or in supplements..............(44(	63 -1	27 -2	10 -3	1 -4	– -5
( )	f.	Avoid eating too much sugar and sweet food..........................(45(	49 -1	36 -2	14 -3	* -4	* -5
( )	g.	Get enough calcium in foods or in supplements..........................(46(	57 -1	29 -2	12 -3	2 -4	* -5
( )	h.	Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....(47(	34 -1	32 -2	33 -3	1 -4	* -5
( )	i.	Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings................(48(	36 -1	34 -2	28 -3	1 -4	– -5

DO NOT ROTATE

			Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
	j.	Eat fish twice a week................(49(	31 -1	37 -2	32 -3	1 -4	* -5
	k.	Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.............(50(	65 -1	25 -2	10 -3	* -4	* -5

9. In feet and inches, what is your height without shoes on?
ROUND TO NEXT HIGHEST INCH

4' 10" or less.......(51(____-1
4' 11"...................____-2
5' 0"....................____-3
5' 1"....................____-4
5' 2"....................____-5
5' 3"....................____-6
5' 4"....................____-7
5' 5"....................____-8
5' 6"....................____-9
5' 7"....................____-0
5' 8"...............(52(____-1
5' 9"....................____-2
5' 10"...................____-3
5' 11"...................____-4
6' 0"....................____-5
6' 1"....................____-6
6' 2"....................____-7
6' 3"....................____-8
6' 4"....................____-9
6' 5"....................____-0
6' 6"...............(53(____-1
More than 6' 6"..........____-2
Not sure.................____-3
Refused..................____-4

10. Please tell me your present weight without clothes. WRITE IN NUMBER

/ / / / lbs.
(54-56)

Not sure.....(57(____-1
Refused.........____-2

59%	Overweight
23%	Within recommended range
18%	Underweight

Base: Age 25 or older and classifiable

N = 1,022

11. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small...............(58(____-1
Medium...................____-2
Large....................____-3
Not sure.................____-4
Refused..................____-5

12. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise......(59(76 -1
Do not get regular exercise... 24 -2
Not sure...................... * -3
Refused....................... - -4

13. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never	(60(	23	-1	
Less than 1 day a month		7	-2	
1 to 3 days a month		11	-3	
1 day a week		12	-4	
2 days a week		12	-5	
3 days a week		14	-6	33
4 to 5 days a week		9	-7	
6 to 7 days a week		10	-8	
Not sure		1	-9	
Refused		*	-0	

14. Do you smoke cigarettes now, or not?

Smoke now	(61(	27	-1	
Don't smoke now		72	-2	
Not sure		*	-3	
Refused		*	-4	62Z

15. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed	(63(	8	-1	
No, no one ever smokes in bed		86	-2	91
No on in household smokes (vol.)		5	-3	
Not sure		*	-4	
Refused		*	-5	

16. About how often do you socialize with close friends, relatives, or neighbors? READ LIST IF NECESSARY

More than twice a week	(64(	40	-1	81
Twice a week		19	-2	
Once a week		21	-3	
2 to 3 times a month		10	-4	
Once a month		6	-5	
Less than once a month		3	-6	
Never		1	-7	
Not sure		*	-8	
Refused		*	-9	

17. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day	(65(	17	-1
Several days a week		13	-2
Once or twice a week		29	-3
Less often than once a week		30	-4
Never		10	-5
Not sure		1	-6
Refused		*	-7

18. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control..(66(	64	-1
No, don't take steps	35	-2
Not sure	1	-3
Refused	-	-4

67-72Z

19. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours (73(	1	-1	
5 hours	5	-2	
6 hours	20	-3	
7 hours	32	-4	65
8 hours	32	-5	
9 hours	5	-6	
10 hours or more	4	-7	
Not sure	1	-8	
Refused	-	-9	

74-76Z

20. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never (77(	32	-1	(SKIP TO Q.22)
Less than 1 day a month	15	-2	
1 to 3 days a month	19	-3	
1 to 2 days a week	20	-4	
3 to 4 days a week	6	-5	(ASK Q.21)
5 to 6 days a week	1	-6	
Daily/7 days a week	6	-7	
Not sure	1	-8	
Refused	*	-9	

21. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink (78(	22	-1	33	As % of those who drink
2 drinks	24	-2	35	
3 drinks	10	-3	15	
4 drinks	4	-4	6	
5 or more drinks	7	-5	10	
Not sure	1	-6	1	
Refused	*	-7	*	
(Never drink)	(32)		-	

79-80Z

ASK EVERYONE

22. How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time	(2*10(	55	-1
Sometimes		29	-2
Never		15	-3
Not applicable (vol.)		1	-4
Not sure		-	-5
Refused		-	-6

23. Do you drive a car?

Yes, drive	(11(	88	-1	(ASK Q.24)
No, do not drive		12	-2	
Refused		*	-3	(SKIP TO Q.26)

24. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time	(12(	45	-1	51	As % of drivers
Sometimes		38	-2	43	
Never		5	-3	5	
Not sure		*	-4	*	
Refused		*	-5	*	
(Do not drive)		(12)		-	

25. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time	(13(	3	-1	3	As % of drivers
Sometimes		20	-2	23	
Never		50	-3	56	
Don't drink (vol.)		16	-4	18	
Not sure		*	-5	*	
Refused		*	-6	*	
(Do not drive)		(12)			

ASK EVERYONE

26. Do you have a smoke detector in your home, or not?

Have a smoke detector	(14(	77	-1
Do not have a smoke detector		23	-2
Not sure		1	-3
Refused		-	-4

27. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps.............(16(80 -1
No, don't take steps............ 19 -2
Not sure........................ 1 -3
Refused......................... - -4

17-18Z

28. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

+ Frequently.........(19(1 -1
Sometimes.............. 2 -2 } 7%
Only occasionally...... 4 -3
Never.................. 93 -4
Not sure............... - -5
Refused................ * -6

20-28Z

29. During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Yes, doctor has given unsolicited advice......(29(30 -1
No, doctor has not given advice................. 68 -2
Haven't seen doctor in past five years (vol.)..... 1 -3
Not sure.. 1 -4
Refused... - -5

30Z

30. During the past five years, has any information in a health book or a health magazine made you consider changing your health habits, or not?

Yes, it did........(31(50 -1
No, it did not......... 49 -2
Not sure............... 1 -3
Refused................ * -4

31. Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

+ + – Feel overweight.............(32(43 -1
Feel underweight................ 7 -2
Feel at about the right weight... 49 -3
Not sure........................ * -4
Refused......................... - -5

32. During the past month, have you tried to lose any weight, or not?

Yes, tried.........(33(41 -1
+ + No, did not try........ 59 -2
Not sure............... * -3
Refused................ - -4

+ + 33a. I will read you a list of different kinds of medical tests which are now, or soon will be, available for people to use at home without a doctor or nurse. Please say for each how interested you would be in using it once it is available -- very interested, somewhat interested, not too interested, or not interested at all. READ EACH ITEM

DO NOT ROTATE	Very Interested	Somewhat Interested	Not Too Interested	Not at All Interested	Not Sure	Refused
a. A device to measure your blood pressure at home....(34(	26 -1	30 -2	14 -3	29 -4	* -5	* -6
b. A test to measure your blood sugar level at home.(35(	21 -1	28 -2	13 -3	36 -4	1 -5	* -6
c. A home test to detect infections, such as urinary tract infections..(36(	22 -1	28 -2	12 -3	36 -4	1 -5	* -6
d. A home test to detect colon cancer and other disorders of the digestive tract...........(37(	30 -1	30 -2	9 -3	30 -4	1 -5	* -6
ASK ITEMS e AND f OF FEMALES ONLY; SKIP MALES TO Q.33b.						
e. A home test to detect pregnancy.................(38(	17 -1	14 -2	6 -3	63 -4	1 -5	* -6
f. A home test to detect when ovulation occurs.....(39(	15 -1	12 -2	7 -3	63 -4	2 -5	1 -6

Base: women only

33b. Have you actually used any of these home tests in the past? (IF "YES":) Which?

+ +

Yes, blood pressure device..(40(	12 -1	(ASK Q.33c)	24% Total "Yes"
Yes, blood sugar level test.....	4 -2		
Yes, infections test...........	1 -3		
Yes, colon cancer test..........	4 -4		
Yes, pregnancy test.............	6 -5		
Yes, ovulation test.............	* -6		
No, never used..................	76 -7	(SKIP TO Q.34a)	
Not sure........................	* -2		
Refused.........................	* -3		

33c. What is the main reason why you pick the brand that you use over other brands? (PROBE, IF NEEDED:) Why is it any better?

+ + 17 types of reasons given (41-42)

Largest categories include: (43-44)

N = 305

17% recommended by doctor;
14% availability (e.g. only one brand);
13% less expensive price

39a. During the past month, have you done any walking as exercise?

Yes, have walked.........(24(69 -1 (ASK Q.39b)
No, but ran or jogged........ 2 -2

No, have not walked.......... 29 -3
Not sure..................... * -4 (SKIP TO Q.F1)
Refused...................... * -5

39b. How often did you walk for exercise in the past month?

Once.......................(25(2 -1
2 to 3 times in month.......... 11 -2
Weekly......................... 13 -3
Several times a week........... 31 -4
Daily.......................... 41 -5
Not sure....................... 1 -6
Refused........................ * -7

Base: Those who walk for exercise

39c. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.........(26(29 -1
About the same......... 54 -2
Less often............. 16 -3
Not sure............... * -4
Refused................ * -5

Base: Those who walk for exercise

39d. When you walk for exercise, do you usually walk more than a mile or less than a mile?

More than a mile..........(27(52 -1
Less than a mile.............. 33 -2
Exactly one mile (vol.)....... 14 -3
Not sure...................... 1 -4
Refused....................... * -5

Base: Those who walk for exercise

F1. What type of work does the main wage earner of this household do? (IF RETIRED OR UNEMPLOYED:) What was his/her usual job?

ASK FOR JOB TITLE AND MAIN DUTIES -- DESCRIBE IN DETAIL:

Professional	(33(	18	-1	35%
Manager, official		11	-2	
Proprietor (small business)		5	-3	
Clerical worker		7	-4	14%
Sales worker		7	-5	
Skilled craftsman, foreman		17	-6	41%
Operative, unskilled laborer (except farm)		14	-7	
Service worker		9	-8	
Farmer, farm manager, farm laborer		2	-9	
Student		1	-0	
Housewife	(34(	2	-1	
Military service		2	-2	
Welfare		*	-3	
Disabled		1	-4	
Other (SPECIFY):		*	-5	
Not sure		2	-6	

F2. How old are you? IF HESITANT, READ LIST

18 to 20	(35(	7	-1
21 to 24		10	-2
25 to 29		13	-3
30 to 34		12	-4
35 to 39		10	-5
40 to 49		13	-6
50 to 64		19	-7
65 and over		16	-8

F3. What is the last grade or level of school you completed?

No formal schooling	(36(	*	-1
First through 7th grade		2	-2
8th grade		3	-3
Some high school		11	-4
High school graduate		35	-5
Some college		18	-6
Two-year college graduate		7	-7
Four-year college graduate		14	-8
Postgraduate		9	-9
Trade/technical/vocational after high school*		XXXXXX	

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY

F4. Which of the following income categories best describes your total 1985 household income? Was it (READ LIST)?

$7,500 or less	(37(13	-1
$7,501 to $15,000	15	-2
$15,001 to $25,000	19	-3
$25,001 to $35,000	16	-4
$35,001 to $50,000	14	-5
$50,001 or over	13	-6
Not sure	10	-7

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1985 INCOME, PROBE FOR ESTIMATE

F5. Are you of Hispanic descent, or not?

Yes, of Hispanic descent	(38(6	-1
No, not of Hispanic descent	92	-2
Not sure	2	-3

F6. Do you consider yourself white, black, oriental, or some other race?

White	(39(84	-1
Black	11	-2
Oriental/Asian or Pacific Islander	2	-3
American Indian or Alaskan native	1	-4
Not sure	2	-5

F7. Are there any children who are at least age 5 but not yet age 18 living in your home?

Yes, are children	(40(29	-1	(GO TO CHILD PROXY QUESTIONNAIRE)
No, aren't	70	-2	(END INTERVIEW)
Refused	*	-3	

++

41-80Z

IF NO CHILDREN:

Thank you very much for your cooperation!

That completes the interview.

TIME ENDED: ____________ A.M./P.M.

REGION	
East	25%
Midwest	25
South	31
West	19

SIZE OF PLACE	
Central city	31%
Rest of SMSA	44
Outside SMSA	24

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

Card 4

/ FOR OFFICE USE ONLY:
/
/ SAME AS MAIN
/ Questionnaire No.:__________
/______________________________ 5-6-7-8

Study No. 864013 (Child Proxy)

November 14, 1986

CHILDREN'S
RESULTS
N=385

Sample Point No. / / / / / / / /
10-11-12-13-14-15-16

Time Started:______________A.M./P.M.

Interviewer:______________________ I.D. No.:________ Date:__________

Area Code:__________ Telephone No.:______________________________
(17-26)

S1. How many children ages 5 through 17 live in your home? Please include any children temporarily in the hospital or any other health facility.

1..............(27(51 -1 (SKIP TO Q.S2b)

2.................. 32 -2
3.................. 12 -3
4.................. 3 -4 (ASK Q.S2a)
5.................. 1 -5
6 or more.......... 1 -6

S2a. We would like to ask you just a few more questions about one of these children. In order to randomly select him or her, we would like to talk about the child in the household age 5 through 17 who had the most recent birthday.

GO ON TO Q.S2b

ASK EVERYONE
S2b. How old is that child now?

5..............(28(11 -1
6.................. 9 -2
7.................. 9 -3
8.................. 7 -4
9.................. 7 -5
10................. 7 -6
11................. 5 -7
12................. 9 -8
13................. 7 -9
14................. 7 -0
15.............(29(7 -1
16................. 8 -2
17................. 7 -3

S3. And is that child a boy or a girl?

Boy............(30(50 -1
Girl............... 50 -2

S4. Are you the adult in the family who knows a lot about the health of the (AGE IN Q.S2b) year old, or would that be some other adult in the family?

Same adult.....(31(93 -1 (SKIP TO Q.1)
Another adult...... 7 -2 (ASK Q.S5)

S5. What relationship does that person have to the (AGE) year old?
RECORD RELATIONSHIP TO CHILD

____ (32-33)

S6. I need to ask the child's (RELATION IN Q.S5) just a few more questions. (IF NOT HOME, FIND OUT WHEN HE/SHE WILL BE HOME AND BEST TIME TO CALL BACK FOR INTERVIEW.)

READ INTRODUCTION FOR NEW PROXY

Hello, I'm ______________________ from Louis Harris and Associates, the national research firm in New York. We are conducting a survey of the American people on the subject of health and safety. As you may already know, we're calling you to ask you just a few questions about the health care for the (AGE) year old in your household.

N = 385
All figures are weighted.
Interviewing = 11/14-11/30

These questions are going to be about the (AGE) year old.

1. In feet and inches, what is (her/his) height without shoes on?
ROUND TO NEXT HIGHEST INCH

2' 10" or less	(34(1	-1
2' 11"	-	-2
3' 0"	3	-3
3' 1"	1	-4
3' 2"	1	-5
3' 3"	1	-6
3' 4"	1	-7
3' 5"	1	-8
3' 6"	3	-9
3' 7"	*	-0
3' 8"	(35(1	-1
3' 9"	1	-2
3' 10"	1	-3
3' 11"	1	-4
4' 0"	11	-5
4' 1"	1	-6
4' 2"	3	-7
4' 3"	2	-8
4' 4"	2	-9
4' 5"	2	-0
4' 6"	(36(1	-1
4' 7"	1	-2
4' 8"	3	-3
4' 9"	1	-4

4' 10"	4	-5
4' 11"	2	-6
5' 0"	6	-7
5' 1"	2	-8
5' 2"	3	-9
5' 3"	3	-0
5' 4"	(37(4	-1
5' 5"	2	-2
5' 6"	5	-3
5' 7"	3	-4
5' 8"	3	-5
5' 9"	3	-6
5' 10"	2	-7
5' 11"	2	-8
6' 0"	1	-9
6' 1"	1	-0
6' 2"	(38(*	-1
6' 3"	*	-2
6' 4"	-	-3
6' 5"	*	-4
6' 6"	-	-5
More than 6' 6"	-	-6
Not sure	8	-7
Refused	-	-8

2. What is (her/his) present weight without clothes?

/ / / / lbs.
(39-41)

Range = 32 to 250
Mean = 92 lbs.
Not sure = 6%

Not sure.......(42(____ -1
Refused...........____ -2

3. What kind of body frame or bone structure would you say (s/he) has for (her/his) age -- small, medium, or large?

Small	(43(30	-1
Medium	52	-2
Large	19	-3
Not sure	-	-4
Refused	-	-5

"Heavy" for age and sex = 32%
"Light" for age and sex = 7
"Within normal range" = 62

Base:
N = 343
Who are classifiable

4. Right now, do you feel that (s/he) is overweight, or underweight, or at about the right weight for (her/his) age?

+ +

Overweight.............	(44(	16	-1
Underweight................		10	-2
About the right weight......		73	-3
Not sure..................		1	-4
Refused...................		-	-5

5. How often does (s/he) exercise strenuously -- that is, so (s/he) breathes heavily and (her/his) heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 days a week, 5 days a week, or 6 to 7 days a week?

Never.........................	(45(	6	-1	
Less than 1 day a month............		1	-2	
1 to 3 days a month................		4	-3	
1 day a week.......................		7	-4	
2 days a week......................		8	-5	
3 days a week......................		14	-6	71
4 days a week......................		5	-7	
5 days a week......................		14	-8	
6 to 7 days a week.................		37	-9	
Not sure...........................		2	-0	
Refused........................	(46(	-	-1	

6. Would you say that (s/he) tends to be physically fit or that (s/he) tends to be physically out of shape?

+ +

Physically fit..........	(47(	88	-1
Out of shape................		11	-2
Depends (vol.)..............		*	-3
Not sure..................		1	-4
Refused...................		-	-5

7. Thinking about the physical education at (her/his) school, do you think there are too many physical education classes, too few, or about the right number?

+ +

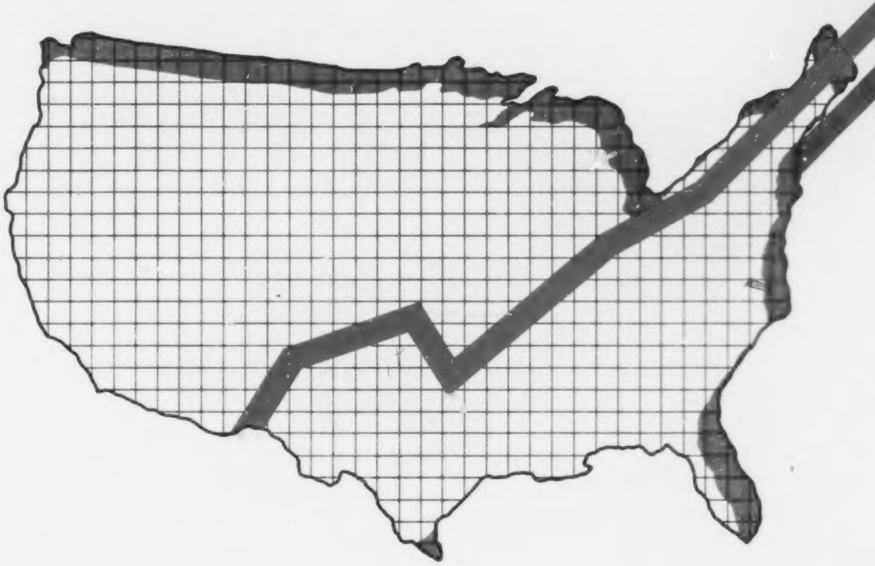
Too many...............	(48(	1	-1
Too few....................		21	-2
About the right number......		75	-3
Not sure..................		1	-4
Not applicable (vol.).......		1	-5
Refused...................		-	-6

49-80Z

That ends the interview. Thank you very much for your cooperation!

C8111-2

THE PREVENTION INDEX '87



A Report Card on the Nation's Health

SUMMARY REPORT

A Project of Prevention Magazine

PART ONE

The Prevention Index: A Report Card on the Nation's Health

A Project of *Prevention* Magazine

Robert Rodale
Editor
Prevention Magazine

Sanford T. Beldon
Publisher
Prevention Magazine

Thomas Dybdahl
Project Director
The Prevention Index

Mark Schwartz, Ph. D.
Technical Director
The Prevention Index

PART TWO

Prevention in America 4: Steps People Take—or Fail to Take—for Better Health, Survey Summary

Consumers' survey conducted for *Prevention* Magazine by Louis Harris & Associates, Inc. Fieldwork: November, 1986

Project Directors:

Humphrey Taylor,
President
Louis Harris & Associates, Inc.

Michael Kagay, Ph.D.,
Vice President
Louis Harris & Associates, Inc.

APPENDIX

Procedures for Computing the Prevention Index

Summary of Behavior on 24 Factors That Apply to Adults

Your Personal Prevention Profile

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PREFACE

The 1987 Prevention Index marks the fourth consecutive year that *Prevention* Magazine, along with Louis Harris & Associates, Inc., has conducted a national survey on the health practices of Americans.

When we began back in 1983, we were primarily curious. We wanted to know what people were actually doing to protect their health and safety.

We're still curious. But now, our main goal is to make the Index useful. By doing the survey each year, we can track changes and trends closely. We can see which of our prevention efforts are working, and where we need to increase our activities.

Some of the news from this year's survey is great. Only 27 percent of adults say they currently smoke—the lowest level ever measured in a Harris survey. And for the first time a solid majority—55 percent—say they wear seatbelts all the time in the front seat of a car.

Other news is hopeful. In 1986 we saw the first jump in the number of people who are trying "a lot" to limit the cholesterol in their diet. This suggests that the new educational efforts about the dangers of cholesterol are making an impact. We'll be anxious to see if this trend continues.

Unfortunately, some of the news is bad. Over the past four years, for instance, we have seen no change in the number of people who get strenuous exercise; no decrease in the number of those who are overweight. Clearly, we need to find ways to improve our performance in these crucial areas.

But the bottom line is that every year we have made progress. We may have a long way to go, but we've started the trip. The challenge is to carry our progress into the future.

Sanford T. Beldon
Publisher
Prevention Magazine

THANKS

To those adults who took time to talk frankly about their personal health habits with Louis Harris interviewers, thanks. We couldn't have done this survey without you. Michael Kagay, Vice President, and Humphrey Taylor, President, of Louis Harris & Associates, deserve appreciation for their roles in collecting and analyzing the data. And a special thank you to Suzanne Irvine, who directed the Prevention Index project so successfully for its first three years.

PART 1

The Prevention Index, 1987

Our progress in prevention has not been dramatic. If our Index score were a grade, we'd still barely pass. But we are going in the proper direction.

The 1987 Prevention Index shows that, for the fourth straight year, Americans have increased their efforts to prevent accidents and disease.

Our Index score this year is 65.2. That is a rise of 1.1 points over 1986, and an increase of 3.7 points since 1984.

The Index itself is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact*, and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was carrying out all 21 preventive acts. A zero would mean that nobody was doing any of these acts. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by the experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

A look at the past four years shows that our progress in prevention has not been dramatic. If our Index score was a grade, we'd still barely pass. But we are going in the proper direction.

Where we went right—and wrong

While the overall Index moved only a little, there were significant changes with some individual behaviors.

The increase in this year's Index is largely due to three factors:

- Wearing seatbelts in the front seat—up 14 points.
- Limit cholesterol in the diet—up 4 points.
- Limit salt/sodium in the diet—up 3 points.

The rise in seatbelt use is particularly significant. In 1983, only a small minority practiced this safety habit. Now, led by states with seatbelt laws, a majority of Americans buckle up.

The dietary change with cholesterol is quite small, and the shift on salt/sodium falls just short of statistical significance. But these are hopeful signs. More people may be starting to act on what they know about good nutrition.

Our limited progress shows, however, that in most cases there has been little change. In some areas that is good: less than 30 percent of adults smoke, 77 percent say they have smoke detectors, 80 percent take steps to avoid home accidents.

But in other cases, maintaining the status quo is not so good. Just 23 percent of adults are within the recommended weight range for their age, sex and height. Barely half of drivers stay below the speed limit, and more than one-quarter admit to driving after drinking.

In a few areas, we've fallen back. Two significant drops this year:

- Take specific steps to control or reduce stress—down 5 points.
- Socialize with friends or relatives once a week or more—down 4 points.

While efforts to control stress are still higher than those recorded in our first survey, these changes are disturbing. There has been no reduction in the number of people experiencing stress, but efforts to deal with stress are lagging. Stress control may become a growing problem.

A look at the future

Overall, though, our forward movement has been considerably greater than our backward movement. And there is good reason for optimism.

For one thing, we've made progress against considerable odds. A look at the 21 behaviors in the Index shows that most of them involve significant decisions. Changing habits is never easy. But in a surprising number of areas, we are beginning to do it.

Another good sign is that almost all the changes we've tracked seem to be more than fads. Once we start to make progress, that progress continues. This suggests that most people who make healthful changes stick with them.

An area to watch carefully is what happens with younger people. Our surveys show consistently that older people have much more preventive lifestyles than young people. Those aged 65 or older score highest on the Index; those aged 18 to 24 score lowest.

On the plus side, there are indications that baby boomers—those aged 25 to 39—are developing healthy habits earlier than the age factor alone would predict. On the negative side, our children's survey shows a troubling amount of overweight in America's 5 to 17 year-olds.

In the years ahead, the Prevention Index will continue to track these and other areas of health and fitness. We hope that our research work will be both a measure of progress and an incentive for action.

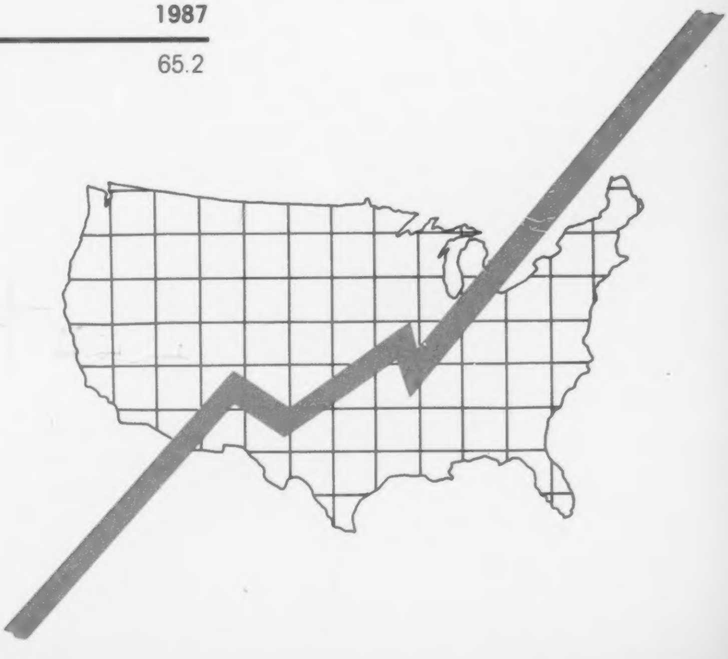
A REPORT CARD ON THE NATION'S HEALTH, 1987

Health-promoting Behavior	**Adults Practicing (%)**	**Experts Rating, Scale 1–10**	**Value Contributed To Index**
1. Do Not Smoke	72	9.78	4.2
2. Avoid Smoking in Bed	91	9.24	5.1
3. Wear Seatbelt	55	9.16	3.0
4. Avoid Driving After Drinking	77	9.03	4.2
5. Smoke Detector in Home	77	8.53	4.0
6. Socialize Regularly	81	8.31	4.0
7. Frequent Strenuous Exercise	33	8.20	1.6
8. Drink Alcohol Moderately	88	8.15	4.3
9. Avoid Home Accidents	80	8.07	3.9
10. Limit Fat in Diet	56	7.82	2.6
11. Maintain Proper Weight	23	7.71	1.1
12. Obey Speed Limit	57	7.65	2.6
13. Annual Blood Pressure Test	85	7.62	3.9
14. Control Stress	70	7.58	3.2
15. Consume Fiber	59	7.41	2.6
16. Limit Cholesterol in Diet	46	7.15	2.0
17. Adequate Vitamins/Minerals	63	7.12	2.7
18. Annual Dental Examination	76	7.08	3.2
19. Limit Sodium in Diet	57	7.04	2.4
20. Limit Sugar and Sweet Foods	49	6.90	2.0
21. 7–8 Hours Sleep/Night	65	6.71	2.6

Prevention Index = 65.2

PREVENTION INDEX SCORES

1984	**1985**	**1986**	**1987**
61.5	63.2	64.1	65.2



**Importance ratings were obtained from a Louis Harris survey conducted for the Prevention Index project in 1983. Results are presented in "Prevention in America: The Experts Rate 65 Steps to Better Health." It is available from The Prevention Index, 33 E. Minor Street, Emmaus, PA 18098.*

PART 2

Prevention in America 4: Steps People Take—or Fail to Take—For Better Health, Summary

The Prevention Index surveys provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross-sections of Americans.

This fourth annual nationwide survey of the American public was commissioned by *Prevention* Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

In order to discover which health and safety habits Americans are practicing, Louis Harris and Associates interviewed 1,250 randomly selected adults across the country by telephone, from November 14 through November 30, 1986. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the four annual surveys.

The findings from the 1986 survey, when compared to the results of the 1985 survey, of the 1984 survey, and of the 1983 baseline survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1986 survey also undertakes some special tasks. First, it examines *exercise and weight control for America's children*, because the problems adults experience in these areas seem to begin early in life. Also, it looks at *walking for exercise*, which seems to be a widely appealing and increasing activity for adults.

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported here (and in other surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed. Notwithstanding these possible sources of error, the 1986 survey and its 1985, 1984 and 1983 counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation in this report. However, over the past four years we have become very grateful to a number of people for valuable suggestions about the types of risk factors and preventive behaviors that needed to be considered. These people have included, among others: Ronald W. Wilson of the National Center for Health Statistics, Professor R. Barker Bausell of the University of Maryland, and Suzanne Irvine of Rodale Press. In conducting the 1986 survey we are additionally grateful to Thomas Dybdahl of Rodale Press for many new suggestions and insights.

This Summary Report presents the key findings from the 125-page complete report.

—Louis Harris and Associates, Inc.

Many Americans made progress in their efforts to promote health and safety during the years 1983–1984–1985–1986. Of the twenty-four key health and safety habits studied in all four surveys, the average adult American currently practices about two-thirds. This represents a small but steady rise from year-to-year during this time period. The most striking areas of stability versus change found in the four Prevention Index surveys are as follows.

Areas of Change That Represent Progress

—For the first time a majority of U.S. adults now wear seatbelts "all the time." Fifty-five percent of adults say that they wear seatbelts all the time when in the front seat of a car. This is a rise of 36 points since 1983, and 14 points just over the past year. This comes at a time when a growing number of states have begun to legally require use of seatbelts.

—Seventy-four percent of drivers now say that they never drink and drive. This is an improvement of six points during the time period of the four surveys and is a statistically significant shift. It comes at a time when some states have imposed increased penalties for drunken driving. But it still leaves 26% of all drivers who admit to driving after drinking at least sometimes.

—Fifty-seven percent of adults say that they try a lot to get enough calcium. This represents an increase of 7 points from 1983. It happens at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. The increase in calcium consumption is almost entirely due to women, who especially benefit from the mineral. The figures for women are up by 13 points from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. Thus, the recent information campaign about calcium seems to be getting through to the people who need it most.

—Americans have begun to shift their cholesterol habits, but the process is slow and still lacks momentum. Forty-six percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods. This gain of 4 points since 1983 is statistically significant, but cholesterol avoidance remains the area of *least* effort among the seven aspects of diet and nutrition examined in each year's survey. Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This seeming rise of three points is just short of reaching statistical significance. However, a small improvement in this area is probably happening, because a statistically significant rise in blood tests for cholesterol *was* measured last year. These modest gains occur at a time of widespread publicity about the dangers of cholesterol. But the fact that the shifts are so small shows how difficult it is to change Americans' behavior in this particular area.

—Forty-five percent of women say they examine their breasts at least once a month for signs of cancer. This represents an 8 point rise since 1983.

—Eighty percent of women have a Pap smear test for cancer every year or two. This represents a statistically significant improvement of five points since 1983.

—Seventy-six percent of adults have a dental visit at least once a year. This rise of 5 points since 1983 is also statistically significant.

—Sixty-four percent of adults say they take steps to control or reduce stress. This is up 5 points since 1983 but is off the peak of 70% reported two years ago.

—Ninety-one percent of adults say that no one in their home smokes in bed. This is three points higher than in 1983 and the shift is a significant one. While the number who admit to smoking in bed may seem small, some experts say they cause a major fraction of all domestic fires, so that any improvement is important.

—Seventy-seven percent of adults say they have a smoke detector in their home. This has risen 10 points since 1983. The one point rise since last year's survey, although not significant in itself, is consistent with the continuing diffusion of this invention into homes in all social strata of American society.

—Eighty percent of adults say they take specific steps to avoid accidents in and around their home. This is up 8 points since 1983, but is unchanged since last year's survey.

Of the twenty-four key health and safety habits studied in all four surveys, the average adult American currently practices about two-thirds.

Areas of Stability That Are Favorable

- —Seventy-two percent of adults do not now smoke cigarettes, while 27% do smoke. This is the lowest proportion of cigarette smokers ever measured in any Harris survey. Although not significantly different from last year's level, it is consistent with a drop of more than 15 points since the mid-1970's. Again this year, the smoking rates of men and women are statistically indistinguishable.
- —Fifty-six percent of adults drink alcohol "moderately" (i.e., 3 or fewer drinks on a day when they do drink) and another 32% never drink at all. These figures represent no significant shift during the years of the Prevention Index Survey.
- —Fifty-five percent of adults, on average, say they "try a lot" to watch the seven key areas of diet and nutrition that were investigated in all four annual surveys. When all seven aspects are viewed together, this represents the same overall level of effort in the area of nutrition as measured in each of the previous years. But it encompasses a range of efforts. Getting enough vitamins and minerals is the individual area of *greatest* effort (63% try a lot), while avoiding high-cholesterol foods is the individual area of *least* effort (only 46% try a lot). The only aspects which have registered a significant individual shift are calcium consumption, and cholesterol avoidance, both up as reported above.
- —Eighty-five percent of adult Americans say they have a blood pressure test at least once a year. This rise of 2 points since 1983 is not statistically significant.

Areas of Stability That Are Unfavorable

- —Just 33% of adults get strenuous exercise three or more days per week. This finding is similar to the levels registered in the previous three surveys. A slight seeming decline in exercise, which was reported last year as being just short of statistical significance, reversed itself in this year's survey, so that over the four annual surveys the frequency of exercise now appears essentially stable. Far too many Americans lead sedentary lives.
- —Less than one-quarter (23%) of adult Americans are within the weight range recommended for persons of their sex, height, and build, while 59% are overweight. (If we widen the acceptable range to encompass +5% to −5% of the recommended range, then 48% of adults qualify as within the acceptable range while another 44% are categorized as overweight.) These figures are approximately the same as those registered in the previous three years.
- —And, of course, 27% of adults still smoke cigarettes. Moreover, women—once less likely to smoke—now smoke as frequently as men.

Areas of Change That Represent Retrogression

- —Only 51% of drivers report that they drive at or below the speed limit all the time. This is down 5 points from 1983. The finding is consistent with receding memories of the oil crisis that previously limited long-distance travel and led to lowered legal speed limits. The finding is also consistent with less vigorous enforcement of speed limits in recent years.

What Motivates Preventive Behavior

- —Fifty percent of adults say that, during the past five years, information in a health book or a health magazine made them consider changing their health habits.
- —Only 30% say that in the past five years a doctor has given them unsolicited advice about improving their health habits.
- —People who were influenced by books and magazines tend to practice more preventive habits than do people who were not thus influenced. But the evidence is more complex on the impact of advice from physicians, because such advice is particularly likely to be given to people who are already ill or already practicing a number of bad habits.
- —A plurality (43%) say that health care services in their area should give more emphasis to prevention rather than to treatment. People who hold this belief tend to practice more preventive health habits.

Special Areas of Inquiry in the 1986 Survey

- —Large majorities of children appear to get exercise and to be within the normal weight range. But even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society. For instance, among children age 5 through 17 years, three times as many *heavy* children were found (32%) as were expected (10%), based on standardized weight norms developed some years ago. Children from lower income homes are more likely to be heavy and to get less frequent exercise than children from higher income homes.
- —Walking as exercise appeals to a majority of adults and appears to be on the rise. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Three in ten (29%) say they are walking more now than a year ago. Moreover, walking is pursued by all types of adults. Older and less affluent Americans, for example, are no less likely to do it.

SECTION 1

Exercise And Weight Control By Adults

Despite efforts to promote fitness, only one-third of adults get frequent, strenuous exercise. A majority are overweight.

Exercise by Adults

Far too few Americans get frequent strenuous exercise. Only one-third of adults say they exercise three or more days a week for a period of at least 20 minutes so that they "breathe heavily and (their) pulse and heart rate are accelerated." Almost one-quarter say they *never* exercise this strenuously.

Since the first in this series of surveys was conducted for The Prevention Index in 1983, the proportion of Americans who get frequent strenuous exercise has remained roughly stable. Table 1-1 presents the trend figures from all four annual surveys.

A possible slight decline in the frequency of strenuous exercise that was observed in last year's survey, and that was reported then as falling just short of statistical significance, reversed itself in the 1986 survey results, which look remarkably close to those originally obtained in 1983. This basic stability is confirmed by the results of a separate trend question on the *regularity* of exercise. The proportion of adults saying that they get "regular" exercise of some kind has stood between 75% and 78% across all four annual readings.

The groups most likely to get frequent strenuous exercise have also persisted. Based on 1986 data, these patterns are presented in Table 1-1. They include: men, younger people, those who are better educated, those in households with income over $25,000 per year, and those who describe themselves as in excellent health. People in the Western region of the United States also seem to exercise somewhat more frequently than those living elsewhere.

Weight Control by Adults

Weight control is a problem for a majority of American adults. Only 23% of American adults aged 25 years and older are within the weight range recommended for persons of their height, body build, and sex.[*] Of the 77% not within that range, the majority (59%) are overweight, while 18% are underweight.

The trend in weight control across the four annual surveys has been roughly stable. Table 1-1 presents the figures from each of the four readings conducted for The Prevention Index.

A possible slight rise in the proportion of Americans who are overweight, which was observed in last year's survey and which was then reported as falling just short of statistical significance, reversed itself in the 1986 survey. The 1986 results closely parallel those originally measured in 1983.

Weight control problems remain pervasive, touching all segments in society. The proportions of various subgroups who are within the recommended weight range are also shown in Table 1-1. In each of the four annual surveys, few strong demographic patterns have typically been found, except that younger adults consistently do better at controlling their weight. Such a relative lack of differences among demographic groups indicates that *many* types of Americans are likely to have weight problems.

However, the recommended weight ranges tend to be rather narrow and, therefore, rather strict goals for people to meet. Accordingly, the table also shows the proportion of adults who are *close* to the recommended range, i.e., either within the desirable range or between 5% over and 5% under the range. Overall, 48% of adults would be classified as "close," using this more relaxed or generous criterion, while 44% would be classified as overweight.

This way of looking at the data is revealing. People who tend to have more success in keeping their weight under control include: those under age 50, college graduates, those in the higher income brackets, and those in occupations at the professional-manager-proprietor level. Those who exercise frequently also have more success in controlling their weight.

---

[*] *Recommended ranges for adults are based on the "old" Metropolitan Life Insurance tables because of statistical controversies provoked by the newer tables. Reported percentages are based on the 94% of adults aged 25 and over whose weight/height/body build/sex combination could be classified. Reported weight and height are adjusted for shoes and clothing. The details of the Metropolitan Life Insurance tables can be found reprinted in many sources, such as Randolph Lee Clark and Russell W. Cumley (eds.),* The Book of Health, *3rd edition (New York: Van Nostrand Reinhold, 1973), and William A. R. Thompson,* Black's Medical Dictionary, *33rd edition (Totowa, N.J.: Barnes and Noble, 1981).*

Feeling Overweight and Trying to Lose Weight

Forty-three percent of all American adults *feel* overweight at the present time. And 41% of all American adults have *tried to lose* some weight during the past month.

Women are more likely than men to feel overweight, and middle-aged adults in their 40s and 50s are more likely to have actually tried to lose weight in the past month, as are those who live in the Eastern region of the country. But there are no other strong demographic patterns, which underscores the basic pervasiveness of a problem that touches most social groups.

Recognition that one is overweight appears to be an important step toward actually trying to lose weight. While 65% of those who *feel* overweight have tried to lose, just 49% of those who objectively *are* over the recommended weight range have tried to lose.

Table 1-1

WHO GETS EXERCISE AND KEEPS WEIGHT WITHIN RECOMMENDED RANGE

	Base		Exercise Strenuously Three or More Days per Week	Weight Within Recommended Range*	Weight Within ± 4.9% of Recommended Range*
Total Adults for 1983	**1254**	%	**33**	**23**	**48**
Total Adults for 1984	**1253**	%	**33**	**23**	**49**
Total Adults for 1985	**1256**	%	**30**	**21**	**46**
Total Adults for 1986	**1250**	%	**33**	**23**	**48**
Sex					
Male	602	%	41	22	49
Female	648	%	26	24	47
Race					
White	1030	%	33	24	49
Black	111	%	28	17	41
Hispanic	77	%	43	15	37
Age					
Under 30 years	309	%	43	30	59
30–39 years	326	%	36	23	52
40–49 years	179	%	30	26	51
50–64 years	245	%	27	18	38
65 and over	191	%	19	21	43
Education					
Not high school graduate	188	%	20	20	42
High school graduate	445	%	36	22	50
Some college	315	%	29	21	42
Four-year college graduate	302	%	41	29	55
Household Income					
$7,500 or less	123	%	27	14	36
$7,501–$15,000	169	%	30	25	44
$15,001–$25,000	264	%	30	21	49
$25,001–$35,000	234	%	36	19	47
$35,001–$50,000	201	%	36	28	50
$50,001 and over	137	%	36	32	57
Self-Described Health Status					
Excellent	347	%	41	28	54
Very good or good	725	%	31	22	46
Fair or poor	176	%	24	19	42
Those Who Say Health Care Services Should Give More Emphasis					
To prevention	543	%	36	24	49
To treatment	100	%	32	8	37

*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1022)

Walking for Exercise and Weight Control

One type of exercise that seems to be within the ability of a large portion of adults is *walking*. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Moreover, walking appears to be on the increase; 29% say that they are walking more now than they recall doing a year ago, while only 16% say they are walking less now. Table 1-2 shows the figures.

An important finding is that walking is pursued by all types of Americans. The demographic patterns we found in the case of strenuous exercise, reported earlier, hold much less strongly in the case of walking. Thus, older adults are as apt to report that they walk for exercise as are younger adults. And less affluent adults are as apt to report walking for exercise as are the more affluent. When it comes to *how often* they walk, older and less affluent Americans are actually more likely to say they walk on a daily basis than are their younger and less affluent counterparts. But when it comes to *how far* they walk, younger and more affluent adults are still more likely to say they walk a greater distance (more than a mile at a time).

Walking also seems to be one of the strategies that many Americans draw upon in their efforts at weight control. Seventy-four percent of those who tried to lose weight within the previous month say that they walked for exercise. Of these, 71% walked several times a week or more and 66% walked at least a mile at a time. But these figures are not too different from those for the total adult population. Thus, those who are trying to lose weight do not appear to draw on walking as much as they *might* to aid them in their efforts.

Table 1-2

WALKING FOR EXERCISE AND WEIGHT CONTROL

		Age		Income		Those Trying to Lose Weight
	Total	Under 50	50 or Older	Under $35,000	Over $35,000	
Base	1250	814	436	790	338	512
	%	%	%	%	%	%
Walking for Exercise						
Yes, have walked in past month	69	69	68	68	70	74
No, but ran or jogged (vol.)	2	3	1	2	3	2
No, have not walked	29	28	30	29	28	24
(Base: Those who walk for exercise)	(857)	(558)	(299)	(537)	(232)	(373)
	%	%	%	%	%	%
Frequency of Walking						
Once	2	3	2	3	2	2
2 to 3 times in a month	11	14	7	11	14	14
Weekly	13	15	10	12	15	12
Several times a week	31	31	30	28	37	36
Daily	41	36	51	44	30	35
Change from Year Before						
More often now	29	33	22	31	28	35
About the same	54	50	62	52	56	49
Less often now	16	16	15	16	16	14
Usual Distance Walked						
More than a mile	52	55	44	48	62	50
Less than a mile	33	31	35	36	26	32
Exactly one mile (vol.)	14	12	18	15	11	16

SECTION 2

Children's Exercise and Weight

Large majorities of children appear to get exercise and to be within the normal weight range. But, even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society.

Children's Exercise

Seventy-one percent of children from age five through age 17 get strenuous physical *exercise* three or more times every week. This is a far higher level of exercise than practiced by adults. But, some patterns observed for adults already seem to be evident in the case of children. Boys get exercise somewhat more frequently than girls, and children from more affluent homes tend to get exercise more than do children from less affluent homes (Table 2). Such patterns appear to be established during childhood and to persist into adult life.

Adults who have children in their household seem aware of these patterns to some extent, but on the whole they think their children are physically fit. Nearly nine out of ten adults (88%) judge their child to be "physically fit." But, this figure drops slightly in the case of low income families, and when the child is a girl, showing that adults recognize the lower level of exercise actually practiced by these two categories of children.

On the whole, adults endorse the *status quo* regarding the amount of physical education offered in the nation's schools. Seventy-five percent of adults who have a child in their household say that the number of physical education classes their child has at school is "about right." Only 21% of adults think there are "too few" physical education classes.

Table 2

CHILD EXERCISE

Base: Children from age 5 through age 17

		Sex of Child		Household Income		
	Total	**Boy**	**Girl**	**$15,000 or Less**	**$15,001 to $35,000**	**$35,001 and Over**
Base	385	201	184	56	166	138
	%	%	%	%	%	%
Exercise						
Child gets strenuous physical exercise *three or more* times every week	71	82	61	64	68	76
Child gets strenuous physical exercise *less* often than three times a week	27	17	36	33	30	22
Fitness As Seen By Adult						
Child is physically fit	88	93	83	79	89	91
Child is out of shape	11	6	16	19	9	9
Adults' View of Child's Physical Education Classes						
Too many	1*	2	*	1	1	2
About right number	75	74	77	78	74	73
Too few	21	22	21	19	21	24

*Less than 0.5%.

Children's Weight

Sixty-two percent of children age five through age 17 years are within the *weight* range that is typical for their age and sex. Again, this is a much larger proportion than the equivalent figure for adults. However, one important pattern observed for adults seems to be already evident among children. More children from lower income homes tend to be "heavy" in weight than do children from higher income homes.

Many adults seem not to recognize that their child is heavy. Only 16% of adults say they *feel* their child is overweight. This figure rises to 22% in the case of lower income families, and when the child is a girl. Some of the gap between the child's objective heaviness and the perception of the child being overweight must be due to misperception or lack of awareness by adults.

Not all of that gap is due to misperception, however. Some of the 32% of children who qualify as "heavy" may simply be unusually tall or big boned for their age rather than actually overweight.

It is important to keep in mind that the "normal" weight range for children does not have the same meaning that the "recommended" weight range has for adults. The recommended weight range for adults is a desirable range, based on an analysis of mortality data. For children, however, mortality data are not part of the calculation. For children the typical weight range describes a statistical *norm* based on samples of children in years past who fell into particular age/weight/sex categories.*

A number of years have passed since these weight norms were calculated, and it appears that American children may have been getting heavier during the interval. According to the norms, 10% of children should be expected to fall into the "heavy" category. However, we find in the 1986 survey that 32% of American children now qualify as "heavy" for their age and sex—three times as many as expected based on the older norms. When we previously measured children's weight, as part of the 1984 survey for the Prevention Index, we found 24% of children (age 3 or older) to be classified as "heavy."

**Weight norms for children based on studies at Harvard University and the State University of Iowa, are reprinted in C. Henry Kemp et. al.,* Current Pediatric Diagnosis and Treatment, *7th edition (Los Altos, California: Lange Medical Publications, 1982). Figures are based on the 94% of children aged five or older in the 1986 survey whose weight/age/sex category could be classified, based on information reported by an adult in their household.*

SECTION 3

Diet and Nutrition

Since the first survey in 1983, America's eating habits have changed very little. But this year, for the first time, we may be doing better on limiting the cholesterol and sodium in our diets.

Eleven Aspects of Diet and Nutrition

On average 50% of adult Americans say they "try a lot" to watch eleven key aspects of nutrition. This ranges from a high of 65% who say they try a lot to eat vegetables in the cabbage family, to a low of 31% who say they try a lot to eat fish twice a week. Table 3-1 presents the results for each of the eleven nutritional factors.

Majorities report that they "try a lot" in regard to six of the individual factors. These include: eating vegetables in the cabbage family, getting enough vitamins and minerals, getting enough calcium, eating enough fiber, avoiding too much salt, and avoiding too much fat in food.

On the other hand, areas of *least* effort include: eating fish twice a week, avoiding caffeine, and avoiding foods that contain additives. Only between 3 and 4 out of every 10 adults say they try a lot in these areas.

The groups that are most likely to watch their overall nutrition have been consistently clear since the first Prevention Index survey in 1983. The groups that are most likely to "try a lot" on the eleven aspects of nutrition include: women, people over age 50, and those who think that more emphasis needs to be given to prevention. Differences among other subgroups tend to be rather small and undramatic.

Trends over time are fairly stable for most of the individual nutrition factors included in the annual surveys.

One dramatic change that has occurred is that 57% of adults now say they try to get enough *calcium*. This rise of 7 percentage points since 1983 was first observed in last year's survey and it is confirmed by the 1986 results. It occurs at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. This increase in calcium consumption is almost entirely due to

Table 3-1

TREND IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Percent Who Try a Lot			
	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254 %	1253 %	1256 %	1250 %
Get enough vitamins and minerals in foods or in supplements	63	57	63	63
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59
Avoid eating too much fat	55	59	56	56
Avoid eating too much salt or sodium	53	54	54	57
Avoid eating too much sugar and sweet food	51	52	50	49
Get enough calcium in foods or in supplements	50	45	57	57
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	x	34	37	34
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	x	37	33	36
Eat fish twice a week	x	x	34	31
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	x	x	62	65

x = Not asked

women, who especially benefit from the mineral. The figures for women are up 13 points, from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. The rise is also highest among people in the middle age groups (Table 3-2).

Thus, the recent information campaign about calcium seems to be getting through to many of the people who need it most. But the lack of an additional gain in 1986 raises the possibility that while a new plateau of awareness may have been reached by 1985, it could require another increase in publicity in order to raise awareness to higher levels yet.

A second area where a trend is visible concerns *cholesterol*. The proportion of adults saying they try a lot to avoid eating too many high-cholesterol foods rose by four percentage points from 42% in 1983 to 46% in 1986. This is a statistically significant shift. The improvement comes at a time when increased attention is being given to the dangers of cholesterol in the diet. But such a small rise in the face of widespread publicity demonstrates just how difficult it is to affect Americans' awareness and behavior on this particular topic. As Table 3-2 shows, the campaign up to the present time seems to have reached women more successfully than men, and to have reached the oldest age group somewhat more successfully than younger ones.

A third area of nutrition bears close watching in the future. Avoidance of salt or sodium has risen by nearly 4 points, but the shift falls just barely short of statistical significance at this time.

It is not possible to infer exactly how all these responses translate into actual day-to-day behavior—that is, how often and to what extent people are actually practicing good nutritional habits. However, it is certainly desirable that as many people as possible come to "try a lot" to achieve the various nutritional goals.

Table 3-2

CHANGES IN CALCIUM CONSUMPTION AND CHOLESTEROL AVOIDANCE FROM 1983 TO 1986

Calcium Consumption	"Try a Lot" to Get Enough Calcium 1983 Survey	1986 Survey	Percentage Point Change From 1983 to 1986
Total Adults	**50%**	**57%**	**+7**
Sex			
Male	47	48	+1
Female	53	66	+13
Age			
18–29 years	47	55	+8
30–39 years	52	53	+1
40–49 years	47	56	+9
50–64 years	49	60	+11
65 and over	59	66	+7

Cholesterol Avoidance	"Try a Lot" to Avoid High Cholesterol Foods 1983 Survey	1986 Survey	Percentage Point Change From 1983 to 1986
Total Adults	**42%**	**46%**	**+4**
Sex			
Male	36	37	+1
Female	47	54	+7
Age			
18–29 years	28	34	+6
30–39 years	45	42	−3
40–49 years	41	47	+6
50–64 years	48	53	+5
65 and over	57	65	+8

SECTION 4

Nonsmoking And Restricted Use Of Alcohol And Drugs

Smoking and Nonsmoking

Seventy-two percent of American adults say they do not smoke cigarettes; 27% say they do. This is the lowest smoking rate and the highest nonsmoking rate ever recorded in a Harris survey designed to measure this trend. While these figures are not significantly different from the level registered in last year's survey, they represent a continuing decline of over 15 points in smoking during the past decade as shown in Table 4.

Nonsmoking is a crucial preventive step that people can take. One hundred and three health experts interviewed as part of the 1983 survey rated nonsmoking as the *number one* preventive health priority for adults.

The groups with the largest percentages of nonsmokers include people over age 65, college graduates, and those with over $25,000 annual household income. These patterns, also identified in each of the previous three surveys, seem to be persistent ones. The table shows who tends to be a nonsmoker.

One possible change measured in the 1986 survey that is very interesting is that 75% of the youngest adults—aged 18 to 29 years—now say they are nonsmokers. This is an improvement of 8 points over last year's survey. This merits continued observation in future surveys in case it signals the beginning of a change of behavior of young adults as a result of all the publicity about the dangers of smoking.

One of the most striking shifts over the past decade is the convergence in smoking behavior of men and women. By the time of the 1984 survey the two rates had fully converged. And, again in both the 1985 and 1986 surveys, women are statistically indistinguishable from men in terms of their rate of smoking versus nonsmoking.

Alcohol Use

One third of all adults say that they never consume alcoholic beverages. Another 56% drink moderately or lightly, i.e., they average three or fewer drinks on days when they do drink. These figures are virtually unchanged from the previous three surveys, as shown in the trend data in Table 4.

Of those who *do* drink, 8 out of 10 can be considered moderate (or light) drinkers. Groups who contain the most nondrinkers or moderate drinkers are shown in the table.

The groups with the largest proportion of *nondrinkers* include those who live in the South, those who live in small towns and rural areas, women, blacks, those aged 65 and older, and those on the lowest education, income, and occupational levels. These are persistent patterns, and were also observed in the 1985, 1984, and 1983 surveys.

Concerning those who drink *moderately*, a few of these same demographic patterns also hold. For example, female drinkers are more likely than male drinkers to drink moderately. And drinkers in the oldest age group are more likely to be moderate drinkers than are younger drinkers. But when it comes to factors related to social class, the pattern either evaporates or shifts. For example, as shown, *nondrinkers* are most likely to be found among the *least* advantaged educational, income, and occupational groups in the population as a whole. But in the *drinking* population moderate drinkers are most likely to be found among the *most* advantaged social groups.

This unusual inversion of demographic patterns was also observed in the 1985, 1984, and 1983 surveys. Analysis then suggested its origin lay in the historical, regional, cultural, and ethnic background of alcohol use versus non-

Twenty-seven percent of American adults say they smoke cigarettes. This is the lowest smoking rate ever recorded in a Harris survey.

use in America. It was concluded that the two behaviors—abstinence and moderate drinking—are not simply degrees along a continuum, but rather behaviors that must be understood separately.

Recreational Drugs

Ninety-three percent of American adults say they never use any recreational drugs, such as marijuana, speed, or downers. However, 7% are willing to say they do use such drugs. This finding is essentially unchanged from the two previous surveys which also found that over 9 out of 10 adults say they abstain from using drugs.

The groups most likely to use versus those most likely to abstain from recreational drugs can be discerned in Table 4. Drug use is somewhat higher among the youngest adults (aged 18 to 29 years), among males, and in central cities. But, the fact that there are no significant variations by such factors as education, income, and occupation suggest that *all* sectors of society have some experience with drug use. It is possible, of course, that different *types* of drugs are favored by various social classes.

Table 4

WHO RESTRICTS THEIR ALCOHOL, TOBACCO, AND DRUG USE

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total Adults 1983	**1252**	**%**	**70**	**34**	**82**	**x**
Total Adults 1984	**1253**	**%**	**72**	**30**	**81**	**91**
Total Adults 1985	**1256**	**%**	**70**	**33**	**82**	**91**
Total Adults 1986	**1250**	**%**	**72**	**32**	**82**	**93**
Region						
East	312	%	69	28	84	93
Midwest	311	%	74	30	78	93
South	386	%	72	41	83	94
West	239	%	74	28	86	91
Urbanism						
Central city	379	%	69	29	79	89
Rest of metropolitan area	571	%	74	30	87	95
Outside metropolitan area	300	%	73	42	76	96
Sex						
Male	602	%	70	24	79	89
Female	648	%	74	40	87	97
Race						
White	1030	%	73	31	83	94
Black	111	%	64	41	79	88
Hispanic	77	%	81	37	86	90
Age						
18–29 years	309	%	75	24	74	86
30–39 years	326	%	72	25	81	92
40–49 years	179	%	66	29	89	97
50–64 years	245	%	67	39	88	98
65 and over	191	%	79	53	94	99
Education						
Not high school graduate	188	%	61	55	72	94
High school graduate	445	%	70	38	75	92
Some college	315	%	74	21	85	94
Four-year college graduate	302	%	82	21	92	93
Household Income						
$7,500 or less	123	%	69	48	84	92
$7,501–$15,000	169	%	70	41	67	91
$15,001–$25,000	264	%	65	33	75	92
$25,001–$35,000	234	%	79	31	88	94
$35,001–$50,000	201	%	74	21	91	93
$50,001 and over	137	%	78	14	87	96
Self-Described Health Status						
Excellent	347	%	81	26	84	93
Very good or good	725	%	71	31	84	93
Fair or poor	176	%	61	48	71	94

*Based on the 68% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

x = Question not asked.

SECTION 5

Control Of Stress

Two-thirds of adult Americans say that they take conscious steps to control or reduce the stress in their life. This level of prevention is five points higher than that recorded in the first Prevention Index survey in 1983, but not quite so high as the levels recorded during the last two years. Table 5 shows the trend.

Steps to control stress appear to be needed because 59% of all adult Americans reported that they feel under great stress *at least once* a week. Thirty percent say they feel under great stress *several* days a week or more. The experience of stress (or at least the awareness of stress) also seems to be on the increase in American society. During the four annual readings of this survey the proportion of adults saying they never feel under great stress has declined by 6 percentage points, while the proportion reporting at least some stress has risen by an equal amount.

The experience of stress is very widely spread across demographic groups: the majority of *every* subgroup examined say they feel under great stress at least once a week, with the single exception of those aged 65 years and older. Groups who are particularly likely to feel under stress include college graduates, those in occupations at the professional-managerial-proprietor level, and the highest income group.

College graduates are also particularly likely to say they take steps to control or reduce stress. Women and people in their middle years (aged 30–49) are also particularly likely to do so. But the taking of steps to reduce stress is very broadly practiced: over 50% of *every* social group examined say that they take such steps.

Steps People Take to Control Stress

Some of the many steps people can take to deal with stress are shown in Table 5. Sixty-five percent say they get seven or eight hours of sleep most nights. Eighty-one percent say they socialize with close friends, relatives, or neighbors at least once a week. Both these figures have been roughly stable across the four years of The Prevention Index survey, although weekly socializing is down by four points from last year.

These resources for dealing with stress are widely available and broadly used across most demographic groups. Although college graduates and the highest income group are more likely to report getting 7–8 hours sleep, there are few other clear differences between social groups either in sleep, or in socializing. Thus, *all* groups in society seem to have at least some basic resources for dealing with stress.

For further findings on stress, please consult some of the previous surveys in this series. The 1985 Prevention Index survey examined the varied individual symptoms that people report when they feel under stress. The 1983 Prevention Index survey explored the many individual steps that people report taking when they try to deal with stress.

An Area to Watch in Future Surveys

Stress control is an area to watch closely in future surveys. In the face of an increasing number of adults who say they experience stress, efforts to deal with stress appear to be dropping off slightly from peak levels registered in the last couple of years. If sustained, such a drop, may indicate a need for increased campaigns to raise public consciousness in this area.

Table 5

TREND IN SOME ASPECTS OF STRESS

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Frequency of Stress				
Almost every day	16	13	14	17
Several days a week	12	14	13	13
Once or twice a week	27	31	33	29
Less often than once a week	29	30	30	30
Never	16	10	10	10
Not sure	1	2	1	1
Steps To Control Stress				
Yes, take steps to control	59	70	69	64
No, don't take steps	38	29	31	35
Not sure	3	1	1	1
Sleep				
6 hours or less	25	26	26	26
7–8 hours	64	63	64	65
9 hours or more	10	10	9	9
Not sure	1	1	*	1
Socializing With Others				
Once a week or more	84	85	85	81
Less than once a week	16	14	15	19
Not sure	*	1	*	*

*Less than 0.5%

SECTION 6

Safety Precautions

Auto Safety

For the first time, a majority of American adults say that they consistently wear auto seatbelts. Fifty-five percent of American adults now say they wear a seatbelt "all the time" when in the front seat of a car. This is a rise of 36 points over the level recorded in the 1983 survey and a rise of 14 points in just one year since the last Prevention Index survey. Table 6-1 shows the annual trend.

The improvement occurs during a time when an increasing number of states have passed laws to require seatbelt use. Such laws have a dramatic effect. Respondents living in the eight states which were the first to pass mandatory seatbelt laws registered a 33 point surge in seatbelt usage during the year their laws took effect. Respondents living in the second 16 states which were the next to pass mandatory seatbelt laws experienced a 25 point jump in seatbelt usage during the year their laws took effect. Respondents living in the 25 states which still have no mandatory laws continue to buckle up at much lower rates. Figure 6-1 shows the dramatic effect on behavior from this legal intervention.

However, 15% of adults still say that they "never" wear seatbelts.

Table 6-1

TREND IN SOME ASPECTS OF AUTO SAFETY

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251	1253	1256	1250
	%	%	%	%
Wearing Seatbelts				
All the time	19	27	41	55
Sometimes	26	33	31	29
Never	53	39	28	15
Not applicable (vol.)	1	1	*	1
Not sure	*	*	*	—
Base. Drivers only	**1983 Survey**	**1984 Survey**	**1985 Survey**	**1986 Survey**
Base	1097	1108	1102	1109
	%	%	%	%
Driving at or Below Speed Limit				
All the time	56	52	50	51
Sometimes	38	43	45	43
Never	5	5	5	5
Not sure	*	*	*	*
Driving After Drinking				
All the time	5	4	3	3
Sometimes	25	27	25	23
Never	52	53	59	56
Don't drink (vol.)	16	15	12	18
Not sure	2	*	1	*

*Less than 0 5%

A striking pattern is that change has penetrated all social groups: Americans of all ages, all income brackets, and all educational levels have dramatically increased their use of seatbelts. This pattern is to be expected when a preventive behavior has been mandated by law. Rather, it is when compliance is based mainly on individual awareness, enlightened self-interest, and personal ability to comply that some social groups are seen to practice preventive behavior more than others.

The level of seatbelt use is particularly important in light of the fact that only 51% of those who drive say they drive at or below the speed limit "all the time." This is down by 5 points from 1983 which is a statistically significant drop. The finding is consistent with receding memories of the oil crises that previously limited long-distance travel and that led to lowered legal speed limits in order to conserve fuel. The finding is also consistent with less vigorous enforcement of the lower speed limits in recent years.

A majority of drivers (56%) say they "never" drive after drinking. (Another 18% of drivers say they never drink to begin with.) These findings together represent a slight but significant improvement of six points over those reported in the 1983 survey. It comes at a time when some states have imposed increased penalties for drunken driving.

But it still leaves 26% of all drivers who do admit to driving after drinking at least part of the time ("sometimes" plus "all the time"). The full time trends are given in Table 6-1.

The groups most likely to wear seatbealts all the time include Westerners, and those with greater education, a higher income, and a more prestigious occupation. These appear to be persisting patterns since they were also identified in the 1985, 1984, and 1983 surveys. The groups who are most likely to say they never exceed the speed limit and that they never drive after drinking include women, the oldest generation, those with less education, and those in blue collar labor or service occupations. Most of these are also persistent patterns.

Safety in the Home

Efforts at home safety have risen during the four years of The Prevention Index survey. For example, 80% of adults now say they take "special steps or precautions" to avoid accidents in and around their home. This is a rise of 8 points since the 1983 survey and confirms the improvement reported during the last two surveys.

As an example of steps people can take, 77% of adults say they have a smoke detector in their home. This is a rise of 10 points since the 1983 survey and appears to be a continuing trend. Table 6-2 shows the full trend data.

Ninety-one percent of adults say that no one in their home ever smokes in bed, or else that no one smokes to begin with. That figure has increased by three points since the 1983 survey and represents a statistically significant improvement. Any shift in the number of people who smoke in bed is very important because some experts estimate that a major fraction of all domestic fires are caused in this way.

Some groups take home safety precautions more often than others. In general, there tend to be few strong or striking patterns in *trying to avoid* home accidents. Since this behavior can be performed without necessarily incurring any cost, all social classes are capable of practicing it to roughly equal degrees.

But when it comes to *smoke detectors*—which usually do require some monetary outlay—the effect of social class is visible. Those with greater education (who learn about new inventions quickest) and those with higher income (who can afford them most easily) are significantly more likely to have installed smoke detectors in their home.

However, some of these differences between occupation groups and income groups are faded or muted when compared to those that existed just three years ago. While the patterns of 1983 are still visible in 1986, the gaps between more advantaged groups and less advantaged groups have shrunk. This is consistent with the continuing spread and diffusion of smoke detectors as this innovative technical device has penetrated beyond the groups who first purchased it and has progressively reached into households in all sectors and levels of society. The spread of smoke detectors may also have been aided by the fact that many building codes around the country have come to require smoke detectors, especially in rental housing.

Perhaps the largest gap has been closed during those years by blacks, who have increased their use of smoke detectors by 25 points and whose usage now nearly matches that of whites. Another of the largest gaps has been closed by residents of the South, who previously lagged behind but who have now nearly caught up with the East coast and West coast regions that initially led the way in using smoke detectors.

Table 6–2

TREND IN SOME ASPECTS OF SAFETY AT HOME

Q: Do you take any special steps or precautions to avoid accidents in and around your home?

Q: Do you have a smoke detector in your home, or not?

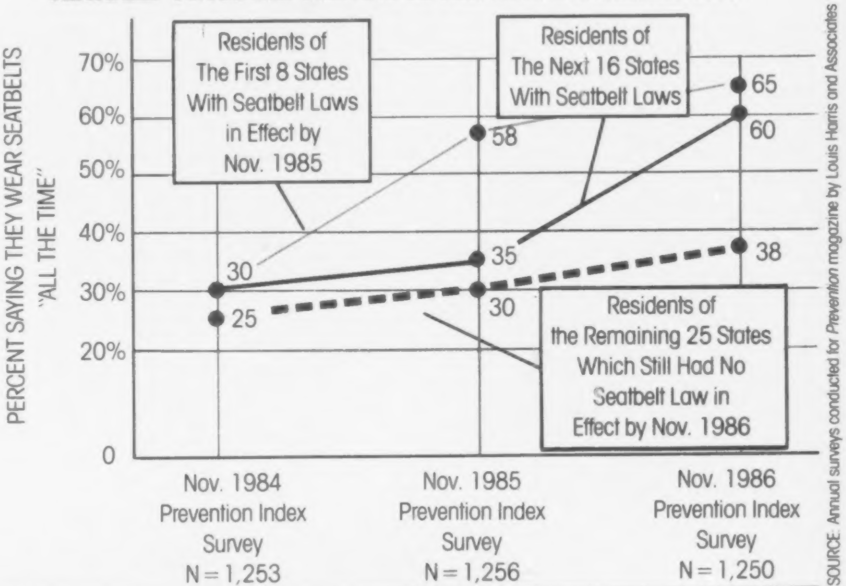
Q: Does anyone in your household ever smoke in bed, or not?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251 %	1253 %	1256 %	1250 %
Precautions at Home				
Yes, take steps	72	81	80	80
No, don't take steps	26	18	19	19
Not sure	1	1	*	1
Smoke Detector				
Have a smoke detector	67	74	76	77
Do not have	32	26	24	23
Not sure	*	*	*	1
Smoking in Bed				
Yes, someone smokes in bed	11	11	9	8
No, no one ever smokes in bed	85 } 88	74 } 89	89 } 91	86 } 91
No one in household smokes (vol.)	3	15	2	5
Not sure	*	1	*	*

*Less than 0.5%   x = Not asked

Figure 6-1

SEATBELT USAGE BEFORE AND AFTER LEGAL INTERVENTION



SOURCE: Annual surveys conducted for *Prevention* magazine by Louis Harris and Associates

First 8 States with Seatbelt Law by Nov. 1985	**Next 16 States with Seatbelt Law by Nov. 1986**	
New Jersey	Connecticut	Iowa
New York	Massachusetts	Kansas
North Carolina	Maryland	Minnesota
Texas	Washington, D.C.	Idaho
Illinois	Florida	New Mexico
Michigan	Tennessee	Utah
Missouri	Louisiana	California
Nebraska	Ohio	Washington State

LAW SOURCE: National Safety Council, 444 North Michigan Ave., Chicago, Illinois 60611

SECTION 7:

Periodic Medical Exams And Tests

The practice of procedures that require professional personnel is related to such economic factors as income, occupation or education. But where screening tests are easy, inexpensive and widely publicized, Americans of all social classes tend to take advantage of them.

Most adult Americans report that they have several important periodic medical exams or tests, although not always with the frequency that is recommended by authorities. Some are procedures that require professional medical or laboratory personnel. Others are procedures that can, at least potentially, be done by oneself. The trends are presented in Table 7-1.

Blood Pressure Reading

Eighty-five percent of adults say they have a blood pressure reading at least once a year. This is a rise of two points since the first year of The Prevention Index survey, and it is a rise of three points for those having the test more often than once a year. But the 1986 figure is slightly off the peak level registered last year.

There are *no* strong differences among economic groups or other social groups. A blood pressure reading is a test that one can potentially do without professional medical personnel (and expense), which may help to account for the relative high percentage throughout all sectors of society. This is significant since hypertension is perhaps the most widespread serious condition to be found in American society.

Groups who are most at risk of hypertension—such as older people and blacks—tend to have their blood pressure taken even more often than once a year.

Blood Test for Cholesterol

Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This is a rise of 3 points since the 1984 survey when this topic was first introduced. However, it is slightly off the peak measured in last year's survey. The fact that—in the face of vastly increased publicity about cholesterol—there has not been a more dramatic or consistent rise in blood testing underscores just how difficult it is to change Americans' understanding and behavior on this topic.

Table 7-1

TREND IN MEDICAL EXAMS AND TESTS

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254 %	1253 %	1256 %	1250 %
Blood Pressure Reading				
More often than once a year	52 } 83	59 } 86	59 } 86	55 } 85
Once a year	30	26	28	29
Every two years	6	5	5	5
Every three or four years	2	2	3	3
Every five years or less often	3	2	3	4
Never	5	3	2	3
Not sure	2	2	1	1
Cholesterol Blood Test				
More often than once a year	x	17 } 43	20 } 48	18 } 46
Once a year	x	26	28	28
Every two years	x	8	7	8
Every three or four years	x	6	4	5
Every five years or less often	x	4	6	5
Never	x	32	29	30
Not sure	x	7	5	6
Dental Exam				
More often than once a year	44 } 71	45 } 72	46 } 74	49 } 76
Once a year	27	27	28	27
Every two years	8	7	7	6
Every three or four years	4	4	3	3
Every five years or less often	11	10	4	4
Never	11	10	11	11
Not sure	3	1	1	1

*Less than 0.5%. x = Not asked

Moreoever, there is evidence that cholesterol tests continue to be more associated with *treatment* than with *prevention*. Those who describe themselves as in "fair or poor" health are much more likely to have had a cholesterol test. Those who believe that health care services should give more emphasis to treatment (rather than to prevention) are also more likely to have had a cholesterol test. There are no strong differences between social classes.

All these findings are signs that prevention of high cholesterol has not yet gained momentum.

Dental Exam

Seventy-six percent of adults say they visit the dentist at least once a year. This figure has risen by 5 points since the first survey and has now become a statistically significant improvement. Groups most likely to have such an annual dental checkup include those under age 50, those with greater education, those with higher income, and those with more prestigious occupations.

Pap Smear for Women

Eighty percent of adult women say they have a Pap smear test every one or two years. That represents a rise of 5 points across this series of Prevention Index surveys and represents a statistically significant improvement (Table 7-2). Groups that are most likely to have the test this often include younger women, college educated women, and women in households with more prestigious occupations.

Table 7-2

TREND IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
	646 %	634 %	640 %	648 %
Pap Smear				
More often than once a year	18 } 75	23 } 77	15 } 78	17 } 80
Once a year	49	46	54	55
Every two years	8	8	9	8
Every three years	4	3	3	4
Every four or five years	3	2	3	2
Every six years or less often	2	4	3	4
Never	13	11	12	7
Not applicable (vol.)	1	2	1	2
Not sure	2	1	1	*
Breast Self-Exam				
At least once a month	37	42	48	45
Several times a year	30	27	30	30
Once a year	9	10	8	6
Less than once a year	4	4	3	3
Never	15	13	9	12
I never do it—doctor does it (vol.)	2	2	1	3
Not applicable (vol.)	*	*	-	*
Not sure	1	1	1	*

*Less than 0.5%.

Breast Self-Exam for Women

Forty-five percent of adult women say they examine their breasts at least once a month for signs of cancer. This test shows a statistically significant rise of 8 points since the first year of the Prevention Index survey. But it is slightly off the peak registered last year.

An interesting finding is that the frequently encountered social class pattern does not seem to operate in the case of the breast self-exam. Indeed, the usual pattern even seems to be reversed: women at *lower* income levels are actually more likely to perform this test than are women at higher income levels. This unusual social class pattern, which runs counter to the findings for many other tests studied, has appeared in one form or another in *each* of the four Prevention Index surveys. In past years, for example, it was manifested by the finding that women with fewer years of education and that women from blue-collar households were more likely to perform the breast self-exam.

A persistent pattern across the four annual surveys has been for the practice of those procedures that require professional medical or laboratory personnel (and expense) to be related to such economic factors as income, occupation, or education. However, those exams or tests that do not necessarily require medical or laboratory personnel tend *not* to be practiced any more frequently by those with more economic advantages. And in one case (breast self-exam) Americans with fewer economic resources are especially likely to practice it. This suggests that, where screening tests are easy, inexpensive, and widely publicized, Americans of *all* social classes tend to take advantage of them.

SECTION 8

Who Practices Health Habits And Safety Precautions

The average adult American presently practices just about two-thirds of the preventive habits measured in this study that apply to him or her. This represents a small but steady rise from year to year during the time period of the Prevention Index surveys. It means that the statistically typical adult now practices more habits (about 2 out of 3 of all habits considered) than he or she neglects (about 1 out of 3 of the habits considered). But it also means he or she still has a considerable way to go.

The practice of preventive health habits tends to be greatest among women, those with a college education, and those with higher income. In addition, those who are in excellent health and those who feel that prevention deserves more emphasis are also more likely than others to practice preventive habits. Different individuals and groups, of course, can achieve similar scores even if they differ on *which* particular habits they practice and which they neglect.

SECTION 9

A Key Attitude Related To Preventive Behavior

People who think prevention deserves more emphasis are likely to practice more preventive behaviors.

Individuals may differ in their practice of preventive habits because they hold different attitudes or beliefs about the importance of or the efficacy of preventive behavior. Each year's Prevention Index survey measures one or more of the key attitudes and beliefs related to prevention.

The Balance Between Prevention and Treatment

More than four of every ten American adults believes that health care services should give more emphasis to *prevention* rather than to *treatment*. This proportion is slightly less than that measured in previous Prevention Index surveys (perhaps because in 1986 the question was located slightly nearer the beginning of the interview than it was in previous years, leading to a greater proportion of "don't know" answers). The trend figures are presented in Table 9-1.

The groups most likely to favor a greater emphasis on prevention are also shown. They include: urbanites and suburbanites, middle aged people in their 40s, those with more education, those with higher income, and those in more prestigious occupations. Many of these patterns are persistent ones and were also identified in the 1985, 1984, and 1983 surveys. But it is also striking that a plurality of *every* sub-group examined in the table favor more emphasis on prevention.

The magnitude and pervasiveness of the support for prevention across the four years of the Prevention Index survey indicate a continuing basic receptiveness to further appeals, programs, and public education efforts regarding prevention. Socially advantaged groups are particularly predisposed toward prevention, and they constitute a receptive constituency. But, the data continue to show that *all* social groups feel prevention deserves greater emphasis.

Attitude Related to Behavior

Such a key attitude would seem to be an important potential influence on a person's actual practice of preventive habits. Table 9-2 shows that this potential influence is an actuality for many Americans. In general, those who think prevention deserves more emphasis are likely to practice a greater number of preventive behaviors. And, in particular, they are more likely to be nonsmokers, more likely to take steps to control stress, to "try a lot" in the area of diet and nutrition, to exercise more frequently, and to have more success in keeping their weight under control.

Thus, those who hold this kind of attitude actually do practice a greater number of preventive behaviors. And, since attitudes are mental states, they may potentially be open to outside influence—from public education campaigns, from the mass media, and from persuasive efforts on the part of preventive health advocates. We turn next to some of the outside influences that can be most effective.

Table 9-1

WHO HOLDS A KEY ATTITUDE ABOUT PREVENTION

Q.: There are two approaches to health and sickness: one approach—treatment—which seeks to cure sickness, and another approach—prevention—which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between *treatment* and *prevention,* or should we be giving more emphasis to treatment, or more emphasis to prevention?

			Right Balance	Treatment	Prevention
Total Adults 1983	**1254**	**%**	**18**	**12**	**52**
Total Adults 1984	**1253**	**%**	**23**	**10**	**52**
Total Adults 1985	**1256**	**%**	**24**	**14**	**51**
Total Adults 1986	**1250**	**%**	**29**	**8**	**43**
Urbanism					
Central city	379	%	25	11	46
Rest of metropolitan area	571	%	31	7	45
Outside metropolitan area	300	%	30	7	37
Sex					
Male	602	%	27	8	45
Female	648	%	31	9	42
Age					
18–29 years	309	%	31	11	46
30–39 years	326	%	32	9	42
40–49 years	179	%	26	6	51
50–64 years	245	%	24	8	40
65 and over	191	%	29	6	37
Education					
Not high school graduate	188	%	25	15	30
High school graduate	445	%	27	9	42
Some college	315	%	31	9	44
Four-year college graduate	302	%	31	3	52
Household Income					
$7,500 or less	123	%	18	14	37
$7,501–$15,000	169	%	31	10	37
$15,001–$25,000	264	%	27	8	48
$25,001–35,000	234	%	30	8	43
$35,001–50,000	201	%	34	7	48
$50,001 and over	137	%	28	4	54
Usual Occupation of Head of Household					
Blue-collar labor, service	516	%	27	9	42
Clerical, sales	167	%	32	10	44
Professional, manager, or proprietor	439	%	30	6	48

Table 9-2

ATTITUDE ABOUT PREVENTION RELATED TO THE PRACTICE OF SOME KEY PREVENTIVE BEHAVIORS

				Percent of Adults Who:					
Those Who Say Health Care Services Should Give More Emphasis		**Base**		**Practice More Than Half of up to Twenty-Four Applicable Preventive Health Habits**	**Do Not Smoke Cigarettes**	**Take Steps to Control Stress**	**On Average Say They "Try a Lot" on Eleven Aspects of Diet and Nutrition**	**Exercise Strenuously Three or More Days Per Week**	**Weight Within ± 4.9% of Recommended Range**
	Total	**1256**	**%**	**84**	**72**	**64**	**50**	**33**	**48**
	To prevention	543	%	87	73	69	52	36	49
	To treatment	100	%	73	68	54	43	32	37

SECTION 10

Two Outside Influences For Better Health Habits

Written information about health has an important impact on readers. Half of American adults say that in the past five years information in a book or magazine made them consider changing their health habits.

Half of American adults say that during the past five years information in a health book or health magazine made them consider changing their health habits, but only 30% of adults say that a doctor has given them unsolicited advice about improving their habits during that same time period.

Advice From Doctors

Over two-thirds report that a doctor has *not* given them such advice about prevention. The influence of doctors may even have declined. During the three Prevention Index surveys on which this question appeared, the percentage reporting preventive advice from doctors has slipped from 36% in 1983 to 34% in 1985 to 30% in 1986, as shown in Table 10.

Moreover, those most likely to report that they *have* been given such advice by a doctor are those who say they are in only fair or poor health. This suggests that many who are given advice on health habits by doctors are already in medical need of it. Such advice about health habits may be perhaps more properly thought of as part of treatment than as prevention.

Advice From Health Books and Magazines

Fifty percent of American adults report that a health book or health magazine made them reconsider their health habits in the past five years. Those most likely to report this experience include: women, younger adults, those with more education, those with higher income, those in more prestigious occupations, and those who think prevention deserves more emphasis.

Some of these groups may be presumed to be especially alert to the mass media or particularly open to influence by media messages. But it is important to note that a significant fraction of *every* group listed in Table 10 say they reconsidered their health habits due to information obtained from the health media. Thus the word about prevention penetrates via the media into *all* sectors of society, albeit at different rates.

Impact of Outside Influences on Health Habits

People who report that they were influenced by information from a book or magazine do indeed practice more preventive habits than do people who were not so influenced.

But the pattern is much less clear for people who received advice to improve their habits from a doctor. They show hardly any difference in their current behavior as compared to other people who did not receive such advice. We point out, however, that it is still possible for people who received advice from doctors to be practicing more preventive habits than they did *previously*, or more than they *otherwise* would. To show that this actually happens would require data from *both* before *and* after the advice was given, which cannot be obtained from the current survey.

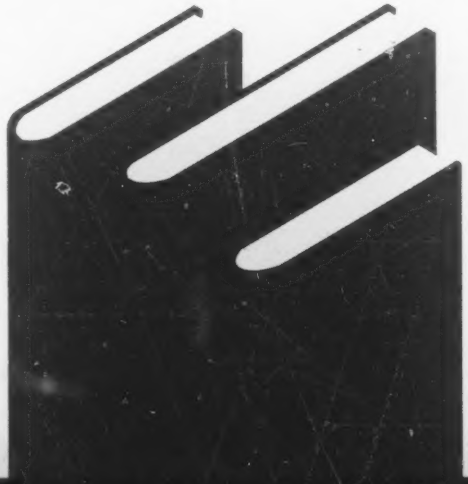


Table 10

WHO RECEIVES INFLUENCES FOR BETTER HEALTH HABITS

Q.: During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Q.: During the past five years, has any information in a health book or health magazine made you consider changing your health habits, or not?

	Base		Doctor Has Given Unsolicited Advice About Health Habits	Health Book or Magazine Caused Reconsideration of Habits
Total Adults 1983	**1254**	%	**36**	**x**
Total Adults 1984	**1253**	%	**x**	**x**
Total Adults 1985	**1256**	%	**34**	**49**
Total Adults 1986	**1250**	%	**30**	**50**
Sex				
Male	602	%	25	43
Female	648	%	36	57
Age				
18–29 years	309	%	27	54
30–39 years	326	%	22	59
40–49 years	179	%	39	58
50–64 years	245	%	38	43
65 and over	191	%	33	33
Education				
Not high school graduate	188	%	33	33
High school graduate	445	%	31	45
Some college	315	%	32	55
Four-year college graduate	302	%	26	65
Household Income				
$7,500 or less	123	%	32	34
$7,501–$15,000	169	%	31	48
$15,001–$25,000	264	%	36	53
$25,001–$35,000	234	%	28	57
$35,001–50,000	201	%	30	59
$50,001 and over	137	%	25	59
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	31	44
Clerical, sales	167	%	33	55
Professional, manager, or proprietor	439	%	27	59
Self-Described Health Status				
Excellent	347	%	24	50
Very good or good	725	%	31	52
Fair or poor	176	%	41	46
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	543	%	32	58
To treatment	100	%	25	47

x = Not asked.

SECTION II

Health Status And Health Outcomes

There may not be an immediate cause-effect relationship between current good habits and current good health.

This section analyzes the relation of several of the demographic influences and health practices that have been studied in this survey to an individual's current *health status.* We hasten to add that such data do not constitute a fair or proper test of many of the factors, particularly the behavioral ones. That is because many preventive health habits take years to work their effects. *Current behavior* may tell us little about a person's behavior years ago, which probably has had the greater influence on his or her current health status. And *current health* may tell us little about a person's eventual health, years from now, when present behavior may be presumed to show its ultimate impact. Nonetheless, some of the patterns are striking.

Subjective Evaluation of Health

Excellent health tends to be reported most often by people under age 50, by college graduates, and by those in the higher income brackets. These patterns are persistent ones and were also observed in the 1985, 1984, and 1983 surveys. They would seem to reveal the health impact of the different lifestyles, living conditions, health habits, and access to medical care that are experienced by the different economic and social classes in the United States.

However, these factors may be confounded, to some extent, with another factor—age. Older people are among the ones most likely to have a lower income and less formal education, and—for obvious reasons—they are less likely to enjoy good health. Age surely does not explain away the total effect of economic factors. But the task of precisely disentangling these multiple relationships will require additional analysis in the future, based on multivariate techniques.

Preventive Health Practices

The practice of key preventive health habits also seems related to health status or health outcomes (Table 11). In general, those who practice the most preventive health habits (out of a maximum of 24 habits studied) are more likely to be in excellent health than those who practice the fewest.

The same pattern holds for most of the specific preventive health behaviors as well. For example, those who get frequent strenuous exercise, those whose weight is within the recommended range, and those who are nonsmokers are all more likely to be in excellent health.

These findings, we hasten to repeat, do not necessarily prove that there is an immediate cause-effect relationship between current good habits and current good health. Rather, the seeming connection between current habits and current health is probably due to the fact that many who practice good health habits today have probably also tended to have practiced good habits over the years. And it is their earlier practice whose consequences are showing up in the data today.

Table 11

PREVENTIVE HEALTH PRACTICES RELATED TO CURRENT HEALTH STATUS

Q.: In general, how would you describe your own health—is it excellent, very good, good, fair or poor?

	Base		Excellent	Very Good	Good	Fair or Poor
Total Adults	**1250**	**%**	**28**	**36**	**22**	**14**
Percent of Twenty-Four Key Preventive Health Habits Practiced						
Those who practice 76% to 100%	424	%	33	33	23	12
Those who practice 51% to 75%	631	%	27	39	19	15
Those who practice 0% to 50%	195	%	21	33	27	18
Strenuous Exercise						
Those who get three or more days a week	408	%	35	37	18	11
Those who never get	282	%	21	28	23	28
Body Weight						
Those whose weight is within the recommended range	231	%	33	37	17	13
Those who are overweight	656	%	25	36	25	15
Cigarette Smoking						
Those who do not smoke	900	%	31	35	21	12
Those who smoke	347	%	20	37	23	20
Nutrition						
Those who try most	352	%	27	32	23	18
Those who try least	321	%	29	35	23	13

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.
2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature
2. Behaviors that are relevant to the entire adult population
3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations.

For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or of trying a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available through the Prevention Research Center.

A NOTE ON SURVEY METHOD

The 1986 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 14 to November 30, 1986. In addition, in 385 of the same households where a child aged 5 to 17 years resided, an additional "child proxy" interview was conducted. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in the appendix to the complete report.

The 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for sub-group variations in telephone penetration and non-response rates.

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983–1984–1985–1986

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	Percentage Point Change From 1983 to 1986
Nonsmoking and Restricted Use of Alcohol					
Do not smoke cigarettes	70	72	70	72	+2
Drink alcohol moderately	54	57	55	56	+2
(Do not drink at all)	(34)	(30)	(33)	(32)	(−2)
Exercise and Weight Control					
Get strenuous exercise three or more days a week	33	33	30	33	0
Are within the weight range recommended for their height, build, and sex	23	23	21	23	0
Diet and Nutrition					
Try a lot to get enough vitamins and minerals	63	57	63	63	0
Try a lot to eat enough fiber	59	58	59	59	0
Try a lot to avoid eating too much fat	55	59	56	56	+1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	+4
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	−2
Try a lot to get enough calcium	50	45	57	57	+7*
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	+4*
Control of Stress					
Socialize with friends or relatives once a week or more	84	85	85	81	−3
Get seven or eight hours sleep most nights	64	63	64	65	+1
Take specific steps to control or reduce stress	59	70	69	64	+5*
Periodic Examinations and Tests					
Have a blood pressure reading at least once a year	83	86	86	85	+2
Have a dental checkup at least once a year	71	73	74	76	+5*
Women who have a Pap smear test every one or two years	75	77	78	80	+5*
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	+8*
Safety Precautions					
Say that no one in their home smokes in bed	88	89	91	91	+3*
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	+8*
Say they have a smoke detector in their home	67	74	76	77	+10*
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	−5*
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	+6*
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	+36*

*Shifts designated with an asterisk are statistically significant at the .05 level. In only 5 polls out of 100 could a shift this large happen by chance.

Your Personal Prevention Profile

The Prevention Index takes stock of a nation's health, but you can also score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions.

		YES	NO
1.	Do you have a blood pressure reading at least once a year?	☐	☐
2.	Do you go to the dentist at least once a year for treatment or a checkup?	☐	☐
	Thinking about your personal diet and nutrition, do you try a lot to . . .		
3.	Avoid eating too much salt or sodium?	☐	☐
4.	Avoid eating too much fat?	☐	☐
5.	Eat enough fiber from whole grains, cereals, fruits, and vegetables?	☐	☐
6.	Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats?	☐	☐
7.	Get enough vitamins and minerals in foods or in supplements?	☐	☐
8.	Avoid eating too much sugar and sweet food?	☐	☐
9.	Is your body weight within the recommended range for your sex, height, and bone structure?	☐	☐
10.	Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week?	☐	☐
11.	Do you smoke cigarettes now?	☐	☐
12.	Do you consciously take steps to control or reduce stress in your life?	☐	☐
13.	Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no.")	☐	☐
14.	Do you socialize with close friends, relatives or neighbors at least once a week?	☐	☐
15.	In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five drinks on any single day? (Mark "yes" only if the answer to both parts of this question is "yes." If you never drink at all, also mark "yes.")	☐	☐
16.	Do you wear a seat belt all the time when you are in the front seat of a car?	☐	☐
17.	Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes.")	☐	☐
18.	Do you ever drive after drinking. (If you don't drive or if you don't drink, please mark "no.")	☐	☐
19.	Do you have a smoke detector in your home?	☐	☐
20.	Does anyone in your household ever smoke in bed?	☐	☐
21.	Do you take any special steps or precautions to avoid accidents in and around your home?	☐	☐

*By a "drink," we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

The correct answer for questions 11, 18 and 20 is "no." The correct answer for all the other questions is "yes." Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

Additional reports available:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention In America: Steps People Take—or Fail to Take—for Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

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A Publication of Rodale Press, Inc.